# COMMUNITY ACTION
# FOR HEALTH

under the National Health Mission

*Bringing public into public health*

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

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POPULATION
FOUNDATION
OF INDIA
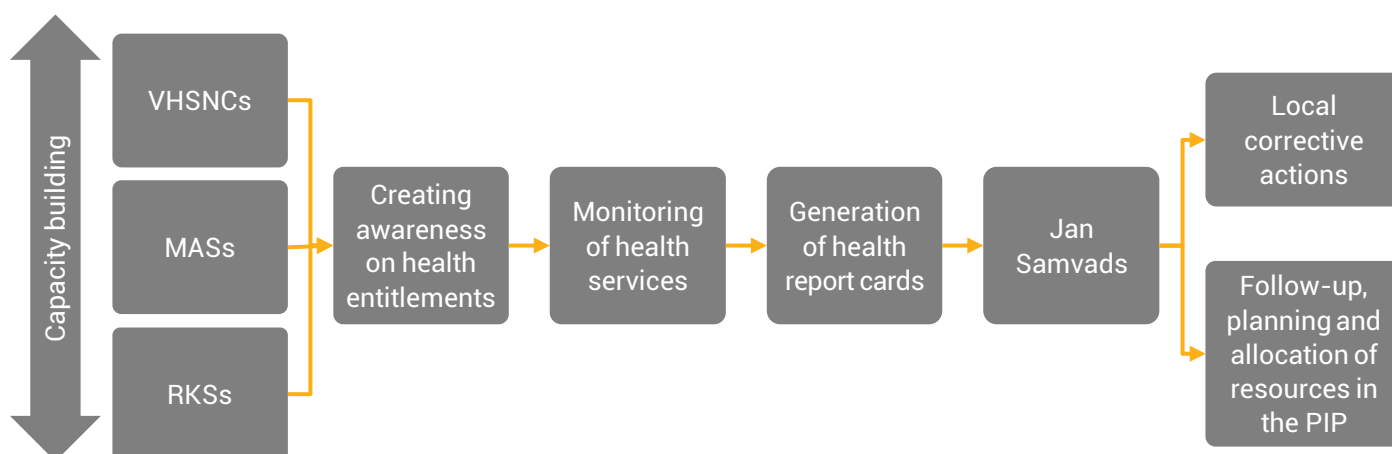
**Secretariat**
**Advisory Group on Community Action**

# COMMUNITY ACTION FOR HEALTH

Community Action for Health (CAH), a key strategy of the National Health Mission (NHM), places people at the centre of the health system to ensure that the health needs and rights of the community are being fulfilled. It provides a mandate to empower community members, community-based organisations and elected representatives to participate and monitor the progress of NHM schemes in their areas, thereby contributing towards equitable, accessible and quality health services.

# WHY COMMUNITY ACTION

- Builds community awareness on health entitlements
- Fosters community ownership and active participation of marginalised groups
- Involves Panchayati Raj Institutions (PRIs) in monitoring, planning and allocating budgets to improve health services and facilities
- Provides a platform for community feedback and dialogue with service providers and elected representatives
- Identifies gaps and promotes corrective actions to improve the delivery of health care services
- Enables appropriate utilisation of untied funds for local priorities through Village Health, Sanitation and Nutrition Committees (VHSNCs), Mahila Arogya Samitis (MASs) and Rogi Kalyan Samitis (RKSs)

# PROCESSES



Capacity building

VHSNCs
MASs
RKSs
→ Creating awareness on health entitlements
→ Monitoring of health services
→ Generation of health report cards
→ Jan Samvads
→ Local corrective actions
→ Follow-up, planning and allocation of resources in the PIP

# ADVISORY GROUP ON COMMUNITY ACTION

The Advisory Group on Community Action (AGCA) was constituted by the Ministry of Health and Family Welfare (MoHFW) in 2005 with a mandate to provide guidance to community monitoring processes, especially as related to the accountability initiative under the National Rural Health Mission (NRHM). The AGCA, which comprises public health experts from across the country, provides guidance and inputs for policy and programme formulation based on ground realities. Population Foundation of India hosts the secretariat for AGCA, with a core team that provides technical support to state governments.

AGCA provides technical support to state governments in:

- Facilitating state-level visioning and planning exercises to develop implementation plans
- Undertaking innovative approaches on community action with state governments
- Capacity building of state nodal officers and implementing organisations
- Adaptation of manuals, tools and resource materials
- Undertaking periodic programme implementation reviews

## AGCA MEMBERS

- Mr A.R. Nanda
- Dr Abhay Shukla
- Dr Abhijit Das
- Mr Alok Mukhopadhyay
- Mr Gopi Gopalakrishnan
- Dr H. Sudarshan
- Ms Indu Capoor
- Ms Mirai Chatterjee
- Dr Narendra Gupta
- Dr M. Prakasamma
- Ms Poonam Muttreja
- Dr Sharad Iyengar
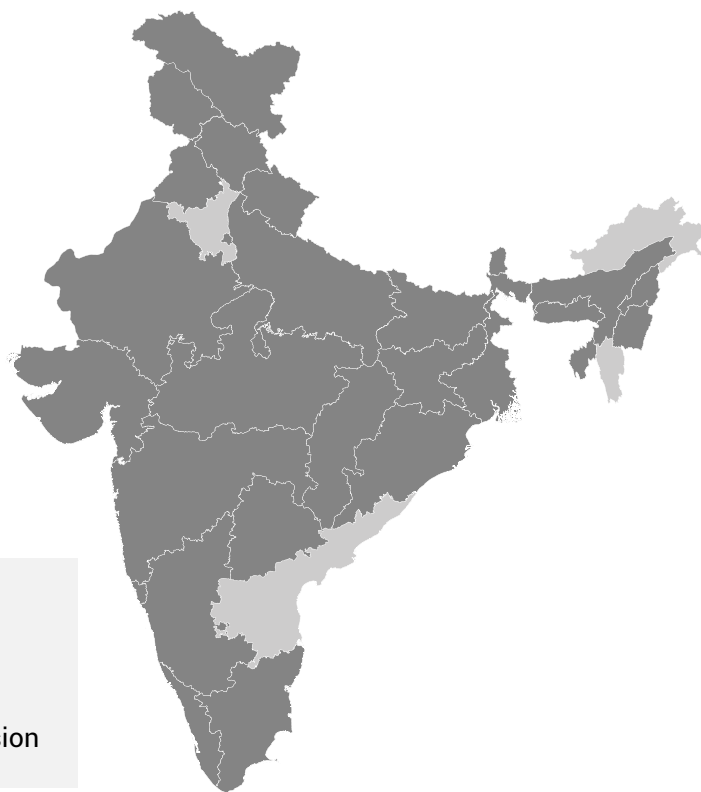- Dr Thelma Narayan
- Dr Vijay Aruldas

## COVERAGE

(FY 2019–20)

Funded by the MoHFW, CAH is being implemented in **24 states and union territories** of India, making it perhaps the world's largest community-led accountability initiative.

**2,24,186** villages

**372** districts, including **51** aspirational districts

**72** cities

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1,260 **master trainers** developed

22,229 **VHSNC, MAS and RKS members** trained

2,442 **Jan Samvads** held in 9 states

4 **states** visited as part of the 13th Common Review Mission

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## INNOVATIONS

**Rogi Kalyan Samiti (Patient Welfare Committee) strengthening in Uttar Pradesh, Goa, Jharkhand and Sikkim**

To improve the functioning of RKSs, thereby ensuring better quality of health care for patients

**Key outcomes:**

- Blood storage units operationalized to address high-risk cases
- Improved service delivery practices, including privacy arrangements in labour rooms

**Social audit of health services in Jharkhand, Meghalaya and Uttarakhand**

To mobilise the local community in auditing health services and seeking redressal on identified gaps

**Key outcomes:**

- Disbursement of pending incentives to beneficiaries and ASHAs
- Resources allocated for construction and repair of Sub Health Centres (SHCs) and Primary Health Centres (PHCs)

**Community monitoring of Health and Wellness Centres (HWCs) in Assam**

To promote community mobilisation and monitoring for improved health care services through HWCs

**Key outcomes:**

- Resources contributed by local self-governments (LSGs) to improve amenities, including seating arrangements and water supply
- Streamlined supply of medicines and consumables based on community feedback

# RESOURCE MATERIALS



## Youth engagement in CAH in Bihar

To develop youth leaders to undertake monitoring of Adolescent Reproductive and Sexual Health (ARSH) services in two pilot districts: Darbhanga and Nawada

### Key outcomes:

- Four AFHCs/Yuva clinics established at PHCs/sub-divisional hospitals
- Commitment from District Magistrate (Nawada) to establish 12 AFHCs/Yuva clinics from aspirational district funds

## Urban CAH in Odisha, Gujarat and Kerala

To engage MAS members in monitoring health services provided on Urban Health Nutrition Days (UHNDs) and in Urban Primary Health Centres (UPHCs)

### Key outcomes:

- Evening OPD regularized in UPHCs
- Privacy arrangements made at UHND sites for antenatal care (ANC) check-ups

## Arogya Gram Sabhas in Maharashtra

To address local health issues through Arogya Gram Sabhas

### Key outcomes:

- Piped water brought to the village through voluntary contribution by local people
- SHC infrastructure and facilities improved by Panchayats using 14th Finance Commission funds

> " When community-based monitoring was initiated in our area, I became a member of the Planning and Monitoring Committee (PMC) at PHC Chandanapuri. Then I realized that the PHC had all the health services for which I was spending money at private hospitals. Now I only come to this PHC and have also mobilised others. People are coming in high numbers… the daily OPD is now 150! We, the PMC members, and PHC staff worked together for this change."

**Gyandev Bhimaji Rahane**,
Police Patil and PHC - PMC member
Chandanapuri PHC, Khambe village,
Sangamner block, Ahmednagar district,
Maharashtra