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COMMUNITY MONITORING OF HEALTH SERVICES

SCALING UP COMMUNITY MONITORING ACROSS INDIA

A strong community accountability mechanism is vital for an effective health care delivery system and India's move towards Universal Health Coverage. Community Action for Health (CAH) is a key strategy of the National Health Mission (NHM) to ensure that health service providers are accountable to communities to meet their health needs and rights. CAH is currently one of the world's largest community-led accountability initiative, being implemented in 23 states[6], covering approximately 201,755 villages across 340 districts of the country.

[6] *Assam, Bihar, Chhattisgarh, Delhi, Goa, Gujarat, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Punjab, Rajasthan, Sikkim, Telangana, Tripura, Uttarakhand, and Uttar Pradesh.*

The AGCA, funded by the Ministry of Health and Family Welfare (MoHFW), consists of a group of eminent public health experts who provide guidance and support to the central and state governments for community action processes and accountability initiatives. It assists the largest community-led accountability initiative globally, covering over 54 per cent of India's districts across 23 states.

This map is a graphical representation and is not to scale

The Advisory Group on Community Action (AGCA), with its Secretariat at PFI, was formed and supported by the Ministry of Health and Family Welfare (MoHFW) to provide technical support and guidance to state governments for implementing CAH. In 2017 the AGCA scaled up community monitoring by enlisting new states including Telangana, Goa, Jammu and Kashmir, and Manipur. The CAH processes were revived in flagging states such as Rajasthan and Tamil Nadu, and resources developed for the new entrants through consultative processes, technical support and showcasing of good practices.

With support from the AGCA, in December 2017 Meghalaya became the first state in India to operationalise social audits of public services under the Meghalaya Community Participation and Public Services Social Audit Act, 2017. It is a landmark legislation that hands power to communities to plan, monitor and demand services, including health, from the government.

In 2017, the CAH process was also **expanded to urban areas.** Bhubaneswar and Cuttack in Odisha have rolled out the process through Mahila Arogya Samitis (MASs – Women's Health Committees) and Ward Coordination Committees under the National Urban Health Mission (NUHM), a component of the NHM.

Enabling Village Health Sanitation and Nutrition Committees (VHSNCs) to find local solutions

Bogakuri is a **village located in the 'char'** (river island) area of the Brahmaputra, and isolated from the Morigaon district of Assam. The chars are frequently devastated by floods, making it impossible to set up permanent health facilities within the villages. Access to healthcare in the region is only through the boat clinics that visit once a month. The arrangement made it **difficult for pregnant women to access institutional services** since they would have to walk a few kilometres to the boat, and then cross the river to reach the ambulance. The **Bogakuri Village Health Sanitation and Nutrition Committee (VHSNC), along with the community, arranged for a pull cart** to ease the journey of these women to the nearest health facility. The initiative has been replicated in other villages in the char areas. Training of VHSNCs on community monitoring is an integral part of the AGCA Secretariat's support to state governments.

Trainers' Manual on CAH was developed to help state and district level trainers roll out CAH processes

1,900 state and district nodal officers and organisations of 16 states were trained on CAH processes; 12 states have adapted and begun using CAH resource materials

ESTABLISHING THE ROLE OF THE COMMUNITY IN MONITORING OF HEALTH FACILITIES

Rogi Kalyan Samitis (Patient Welfare Committees – RKSs) are an invaluable instrument that make public health facilities accountable to the community. They consist of members from the local Panchayati Raj Institutions (PRIs), non-profit organisations, local elected representatives and government officials. PFI supported the state health departments of Goa, Uttar Pradesh (UP), Jharkhand and Sikkim in strengthening their RKS systems. An immediate outcome is that in Lucknow district of UP, regular meetings of the RKSs are now being held, there is higher utilisation of untied funds on locally identified priorities, and client helpdesks and grievance redressal systems have been made functional. **The UP government is currently scaling up the initiative across 10 districts in the state.**

Establishment and functioning of Rogi Kalyan Samitis across the country would be a crucial support to the government's **Ayushman Bharat Initiative**, due for launch in September 2018. **Community-led planning, action and monitoring** have now been included in the Initiative as significant components of comprehensive primary care in the 150,000 **Health and Wellness Centres** to be established across India. This will ensure greater accountability and monitoring of services at the facilities by the community. It will also help regulate the out-of-pocket-expenditure by patients, who are pushed into financial hardships by paying higher amounts for services especially, on drugs, diagnostics and hospitalisation.

Community members collectivise to get health services delivered in the village

The residents of Bithauli village in Darbhanga district of Bihar were not able to access health services as the additional Primary Health Centre (PHC) in the village lay abandoned for several years. Members of the Village Health Sanitation and Nutrition Committee (VHSNC) raised the matter with officials at the Block Planning and Monitoring Committee meeting under CAH. This led to the PHC being renovated, staff deployed and the facility made fully operational.

A community score card at a public health facility | Photo: PFI

LEVERAGING TECHNOLOGY FOR REAL TIME COMMUNITY MONITORING

In order to extend awareness and mobilise communities using technology, PFI is using an **Interactive Voice Response System (IVRS) to raise awareness and monitor health entitlements** in the Darbhanga and Nawada districts of Bihar. The IVRS serves as an interface between the community, VHSNC members and health officials. It helps people know about their key health entitlements, and provides a platform for them to share specific feedback on the quality of health services. Real time compilation, analysis and sharing of community monitoring data on the IVRS dashboard has helped state health managers take prompt corrective action where needed.

315 Jan Samwads (public hearings) conducted in 7 states for public health officials to hear and resolve grievances of the community related to access and quality of health services

Sub-health centres providing **regular services** in Nawada district **increased by 40 per cent (17 per cent to 57 per cent)** as a result of community monitoring; people **receiving contraceptives regularly increased nearly three times (from 20 per cent to 59 per cent)**

NATIONAL CONVENING FOR COMMUNITY ACTION

On behalf of the Ministry of Health & Family Welfare (MoHFW), the AGCA Secretariat at PFI organised a **National Consultation on Community Action for Health** in New Delhi in January 2018. With over a hundred participants and representatives, including senior state government officials from 23 states, the consultation sought to share promising practices and innovations on community action and accountability, discuss the challenges; and provide recommendations to the government on the scaling up of CAH

The inaugural session at the National Consultation on Community Action for Health, held in New Delhi in January 2018 | Photo: PFI