Strengthening Community Action for Health under the National Health Mission

Experiences from India

INSTITUTIONALIZING COMMUNITY HEALTH CONFERENCE

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POPULATION FOUNDATION OF INDIA
Outline of the presentation

1. Overview of Community Action for Health (CAH) under the National Health Mission (NHM) in India
2. Components of the CAH process
3. Outcomes of the process
4. Pre-requisites for scaling up and way forward
Accountability Framework and Role of the AGCA

Accountability Framework

1. Internal Monitoring
2. External Surveys and Studies
3. Community Based Monitoring

Advisory Group on Community Action (AGCA)

Mandate:
• Advise to develop community partnership and ownership for the Mission

• Provide feedback based on ground realities to inform policy decisions – Community Monitoring, participation in Common Review Mission (CRM) and fact finding missions

• Develop models on community action and recommend for further adoption/extension to national and state governments- providing technical assistance for scaling up
## Components of CAH

<table>
<thead>
<tr>
<th>Education and awareness generation</th>
<th>Monitoring and information sharing on health services</th>
<th>Public dialogue</th>
<th>Follow up action to resolve issues and gaps</th>
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</thead>
<tbody>
<tr>
<td>• Community awareness on health entitlements</td>
<td>• Collection of information on community experiences of health services</td>
<td>• Periodic public dialogue (Jan Samwaad) - Engagement with providers based on community evidence</td>
<td>• Including incorporation into the District and State Programme Implementation Plans (PIPs)</td>
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<td>• Display of citizen’s charter and service guarantees in health facilities</td>
<td>• Compilation and sharing village and facility report cards</td>
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<td>• Training of VHSNC, RKS and Planning &amp; Monitoring Committees</td>
<td>• Regular meetings of Planning and Monitoring Committees at block, district and state levels to take decisions on issues and gaps</td>
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- Periodic public dialogue (Jan Samwaad) - Engagement with providers based on community evidence

- Including incorporation into the District and State Programme Implementation Plans (PIPs)
Scaling up CAH

Pilot Phase (2007-09)
9 states 36 districts

FY 2016-17
22 states 353 districts
i. Facilitate state level visioning and planning exercises

ii. Develop capacities of state nodal officers and implementation organizations

iii. Develop/adapt training manuals, tools, communication materials and

iv. Undertake programme implementation reviews

v. Strengthen accountability mechanisms
Results from community monitoring of maternal health services in Bihar (March, 2015 and April, 2016)

**Interview of 1500 women** who delivered in last 3 months (from 300 villages in 5 districts)

**Indicators for monitoring**

1. Ante natal care (ANC) registrations
2. Receipt of Iron Folic Acid Tablets
3. Tetanus Toxoid Injections
4. Urine and hemoglobin test
5. Referral services
6. Supplementary nutrition
7. Post partum contacts by ANM and ASHA

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Maternal Health

- **Red**: Indicating performance
- **Yellow**: Indicating improvement needed
- **Green**: Indicating good performance
Learnings and Challenges for Scaling Up

i. Inadequate focus on community process, quality of care, and equity

ii. Limited engagement and partnership with NGOs

iii. Community expectations generated by community action processes not matched with supply side interventions from health systems

iv. Weak mechanism for grievance redressal
v. Long term investments and support is required for capacity building and mentoring of state level officials and institutions

vi. Governments insistence on rapid scale up, often without adequate investments in institutional structures and processes for programme roll out, affects outputs and outcomes

vii. Lack of timely and adequate disbursement of funds from the government affects the pace and continuity of programme implementation
Thank you

Please visit our website for more details

www.nrhmcommunityaction.org