

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

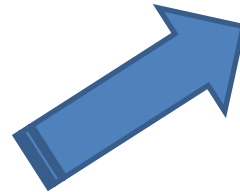
Outline of the presentation

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

Education and awareness generation

- Community awareness on health entitlements
- Display of citizen's charter and service guarantees in health facilities
- Training of VHSNC, RKS and Planning & Monitoring Committees

Monitoring and information sharing on health services

- Collection of information on community experiences of health services
- Compilation and sharing village and facility report cards
- Regular meetings of Planning and Monitoring Committees at block, district and state levels to take decisions on issues and gaps

Public dialogue

- Periodic public dialogue (Jan Samwaad) - Engagement with providers based on community evidence

Follow up action to resolve issues and gaps

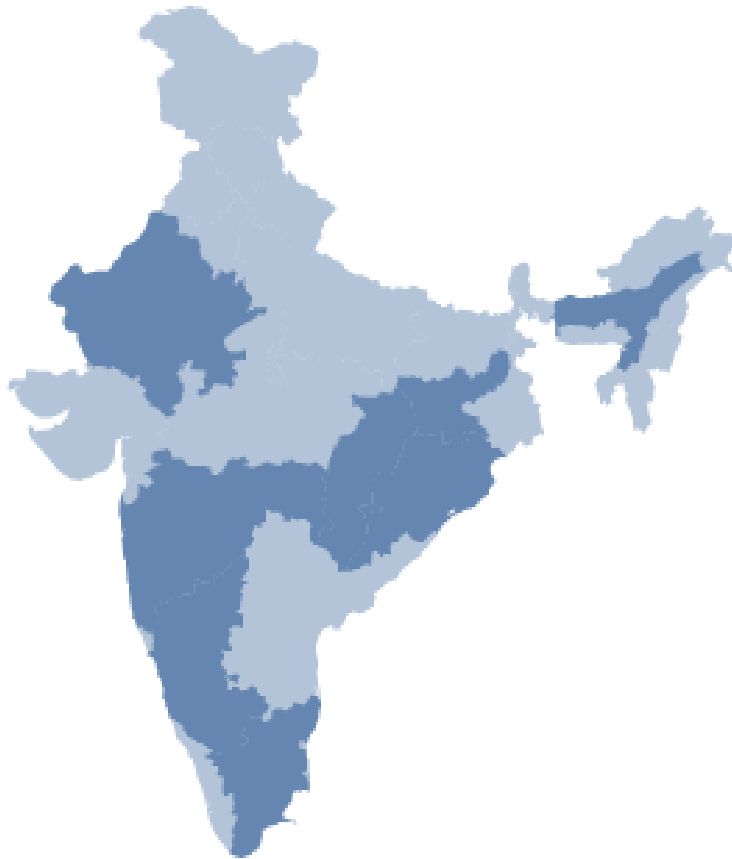
- Including incorporation into the District and State Programme Implementation Plans (PIPs)

Scaling up CAH



Pilot Phase (2007-09)
9 states 36 districts

FY 2016-17
22 states 353 districts



Technical support for scaling up CAH



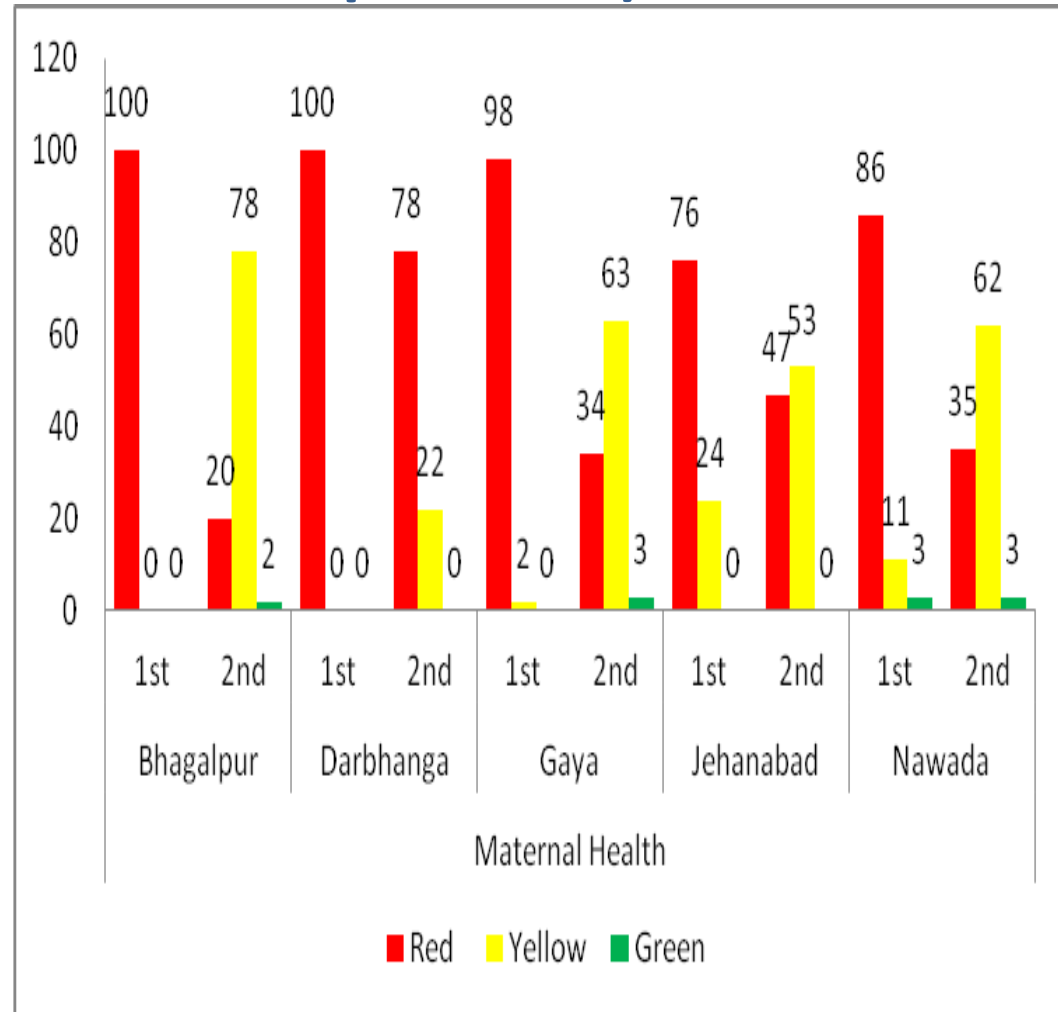
- i. Facilitate state level visioning and planning exercises
- ii. Develop capacities of state nodal officers and implementation organizations
- iii. Develop/adapt training manuals, tools, communication materials and
- iv. Undertake programme implementation reviews
- v. Strengthen accountability mechanisms

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



Learnings and Challenges for Scaling Up



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- 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

Learnings and Challenges for Scaling Up



- 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