

## COMMUNITY BASED MONITORING AND PLANNING IN MAHARASHTRA

### Problem Statement

The National Rural Health Mission (NRHM) has aimed to bring about architectural corrections and strengthening of the rural public health system, to improve health services for the rural population. While 'supply side' reforms by NRHM aim at strengthening public health services, it is recognised that these may not be sufficient to improve utilization of Public health facilities, since in many areas Government health services do not fully enjoy people's confidence. **Therefore 'Supply side' inputs and 'Demand side' processes must complement each other.** In this context, communitisation processes have been envisaged as part of NRHM to increase people's involvement in public health services, while promoting these services as a right and making these accountable.

### Programme Description

Community based monitoring and planning (CBMP) of health services under NRHM was launched on a pilot basis in nine states of India in mid 2007, Maharashtra was one of these states. A State nodal NGO (SATHI-CEHAT in case of Maharashtra) coordinates the CBMP activities across districts, in collaboration with the district and block nodal NGOs; all activities are carried out with support from the State health department. Village Health, Nutrition, Water supply and Sanitation Committees form the base of the activity, and further multi-stakeholder CBMP committees have been formed in implementation areas at PHC, Block, District and State levels. The multi-stakeholder monitoring and planning committee at each level collates the findings from the level below, monitors the health system at its own

level, and passes these results up to the next level one or two times a year.

CBMP was first implemented in five pilot districts, (Amaravati, Nandurbar, Osmanabad, Pune and Thane) initially covering 15 blocks and 225 villages. Given the positive experiences of the emerging CBM process, in 2009 the State NRHM extended the process to additional blocks and villages, so that currently *CBMP process is covering over 600 villages across 13 districts* where nearly 30 nodal civil society organisations are involved in collaborative implementation of this process.

### Key Processes –

#### 1. Expansion / formation and capacity building of community based committees-

Multi-stakeholder Community based monitoring and planning committees (Village Health, Nutrition, Water supply and Sanitation Committees (VHNWSCs)) have been formed from PHC to State level in CBMP areas with inclusion of Panchayat members, Health officials, civil society representatives and certain delegates



from lower level committees. Members of these committees have been given training related to health services in context of NRHM, health rights and

entitlements, CBMP processes and promoting people's participation.

2. **Community data collection and filling health report cards-** Based on orientation, Village committee members are involved in filling up Village health report cards, with active guidance from facilitators on selected indicators like - village level disease surveillance services; maternal and child health services and use of village untied funds etc. Committee members rate health services as either 'Good', 'Partly Satisfactory' or 'Bad'. The village report cards are then displayed in a prominent place in the village, and a copy is sent to the SHC/PHC/ CHC level monitoring committee for further dialogue and action.

3. **Organising Jan sunwai or Jan samva-** Jan sunwais are mass events with participation by community members, people's organisations, NGOs and



government officials. People are invited to report their experiences of health services and findings included in the health report cards. The Health officials then respond to



process.

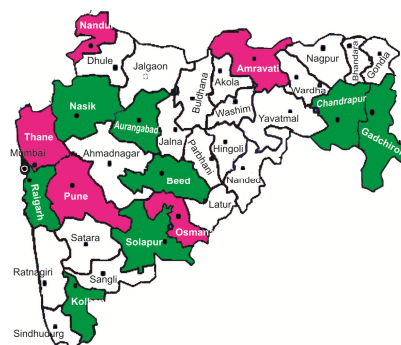
these testimonies and findings, stating how the problems will be addressed. As part of CBMP in Maharashtra, nearly two hundred public hearings have been organised so far as part of the CBMP

4. **Periodic state level dialogues** -As part of the CBMP process, officially mandated dialogues between the state health officials, district and block health officials, and civil society representatives are organised on an annual basis. These dialogues help to address issues that have not been resolved at lower levels and reinforce the commitment of the entire health department.

5. **Community based planning** - Decentralized community based planning of health services has been initiated in 5 districts since 2011. Workshops for Monitoring and Planning Committee members including Panchayat representatives, as well as RKS members on community based planning were organised

## Program Impact

Combined with NRHM related improvements



'from above', CBMP processes have provided a matching yet critical 'pull from below' to help ensure that desired changes are actually implemented at ground level. Due to such synergy, these changes are seen in practically all those CBMP areas in Maharashtra where the process has been underway since a few years.

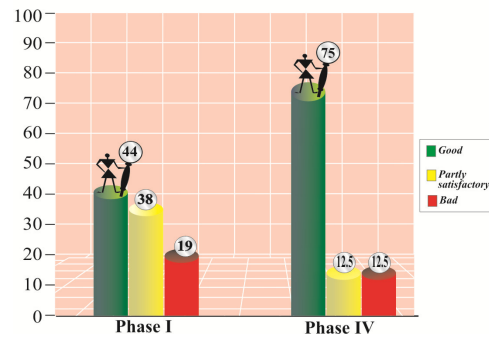
1. Several hitherto closed or dysfunctional sub-health centers have been reopened and have become fully functional, due to demand and momentum of the community monitoring process.

2. Beneficiaries are now getting the full benefit due to them under Janani Suraksha Yojana
3. Certain Medical officers and staff who were not staying in the PHC / CHC campus despite availability of quarters have begun to stay at headquarters.
4. Prescribing medicines to be purchased from private medical shops has practically stopped in CBMP areas.
5. Behaviour of staff towards patients in PHCs has definitely improved in most CBMP areas.
6. Doctors and health center staff have stopped demanding additional charges for services in all CBMP areas.
7. Frequency of visits by ANMs to villages, including remote hamlets, has improved.
8. Rogi Kalyan Samiti funds are being utilized more appropriately, based on community priorities being communicated through the CBMP process.
9. Linked with organised and articulated demand of people, ambulance services have become regularly available in practically all PHCs.
10. The number of outpatients, inpatients and deliveries in PHCs in most CBMP areas have significantly increased.

While some such increase is seen in all areas due to NRHM improvements, this increase is significantly higher in CBMP areas.

Four rounds of assessment of Village level health services were undertaken by the respective committees till 2010 by collecting information in 195 villages and 32 PHCs from 4 pilot districts.

■ *Ratings for PHC services in 4 districts : change from phase I to IV*



- Analysis of information compiled through the village report cards shows an increase in 'Good' rating in successive rounds; in the first round (mid-2008), 50% of the services were given 'Good' rating, this increased to 63% by Phase 4 (end-2010). There has been major improvement in 'Good' ratings to certain services from first to fourth rounds, like Antenatal care (58 % increased to 72%) and immunisation (65% increased to 89%).
- Rise in utilization of PHC services: evidence from Thane district - Between 2007-08 and 2009-10, the average increase in OPD attendance for PHCs in entire Thane district was 17%, whereas increase in OPD utilization in CBMP covered PHCs was significantly higher at 34%. Similarly during 2007-08 to 2009-10, the average increase in inpatient admissions for PHCs in the entire district was 50%, whereas the increase in CBMP covered PHCs was significantly higher at 73%. In the period 2007-08 to 2009-10, the average increase in deliveries in PHCs in entire Thane district was 48%, whereas the increase in deliveries in CBMP covered PHCs in the district was significantly higher at 101%.

### **Community based planning leads to major improvements in Nasarapur PHC**

Nasarapur PHC in Bhor block of District Pune had low level of utilization due to various gaps in services. However, based on issues identified during Community monitoring, capacity building of RKS members, several issues were addressed following initiation of community based planning:

- A water storage tank with inbuilt water filter has been installed to address the issue of unavailability of drinking water to patients
- To make the laboratory properly functional, a tank for water storage was purchased and new pipe line for the laboratory was constructed.
- People complained that it used to be difficult for any new patient to find the PHC since there was no board displaying its name. Now an appropriate board has been displayed through RKS funds.

### **Scalability**

The experience of Community based monitoring and planning in Maharashtra shows that the process has been enabling for people to become involved in reviving the public health services. The results also indicate that by restoring people's confidence in the public health system and reorienting public health services, it is possible for people to 'reclaim' and help to transform the public health system. Within the period of four years, CBMP was scaled up from five districts to 13 districts in the state owing to the positive outcomes of the initiative. It can be concluded that CBMP has the potential of being scaled up across other districts and states but with prerequisite of existing network of dedicated NGOs working on right based approach at local level and overall support provided from the State health department.

### **For further details contact**

Mr. Abhay Shukla, SATHI

Email id – abhayshukla1@gmail.com