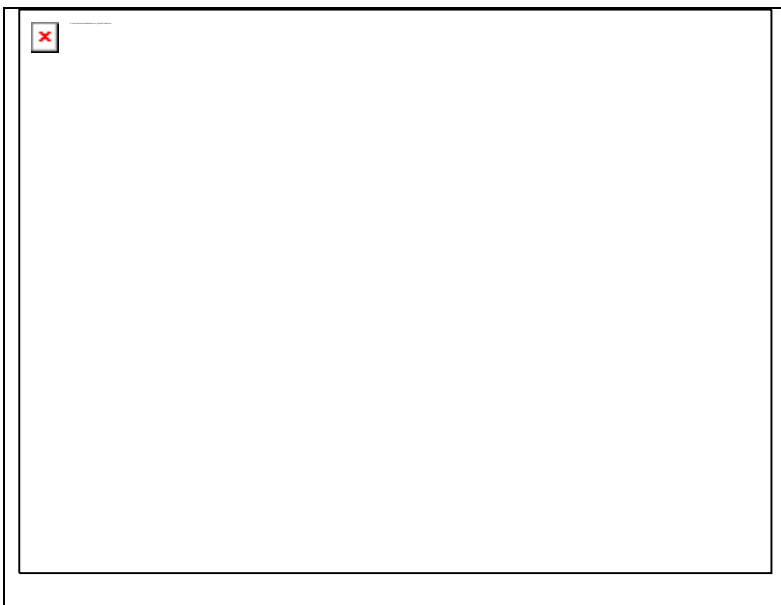


Report of the District Mentoring Group Meeting Community Action (NRHM), Nabarangpur

As decided the District Mentoring Group Meeting was organized on 5th April 2008 at CDMO Conference Hall. Nabarangpur under Community Action (NRHM). The meeting was presided over by Dr D N Das, CDMO, Nabarangpur.

The Members Present in the meeting were

- 1 Dr Debendra Nath Das, CDMO
- 2 Mr Dhabal Sabut, DPM,
- 3 Er. Surendra Nath Sahu, RWSS
- 4 Ms Bilasini Das, Project Officer, DSWO
- 5 Mr Gopal Krishna Sahu, AVA (Block Nodal NGO)
- 6 Mr Susanta Garada, Democratic Action, (Block Nodal NGO)
- 7 Mr Gouri Sankar Patnaik, SAHARA (Block Nodal NGO)
- 8 Mr Basudev Panda, District Nodal Facilitator and AGCA Member



The agenda of the meeting was as follows

11.00 am	Welcome	Basudev Panda, AGCA Member
11.05 am	Introduction to NRHM	Mr Dhabal Sabut, DPM
11,15 am	Community Action an over view	Basudev Panda, AGCA Member
11.45	Community Action: process and progress in Nabarangpur District	Mr Gopal Ch Sahu, Block Nodal NGO
12.30 pm	Recent Government Initiatives under Community Action	Dr D N Das, CDMO
12.45 pm	Valediction	Mr S Garada, Block Nodal NGO
1.00 pm	Lunch	

The meeting started with warm welcome to the mentoring group members by Mr Basudev Panda. Highlighting the objectives of the meeting he shared that the meeting is exclusively organized to make members familiar with and to discuss the various progresses and process of community action in the district. The mentoring group is a technical group to provide time to time support, help, guidance and advice to the entire process in the district, he told.

Mr Dhabal Sabut briefly shared the recent development under NRHM in the district. In his short presentation he clarified that the untied funds for 87 villages have been transferred to the Blocks. Once the VHSCs are registered, it will soon be available to the village for effective functioning of VHSCs. He also indicated that the villages selected under community action will be first equipped with the funds.

Mr Basudev Panda made extensive presentation on Community Action through power point presentation to the group as follows.

Community Action of health services

There are three major forms of monitoring of health services.

- Internal monitoring
- Independent studies
- Community monitoring

**To keep an ongoing watch
To obtain information regularly
Combination of monitoring and**

planning

Monitoring at multiple levels

Why Community Action & planning of Health Services by People is necessary

Advantages for the public health system

- People's view point /feedback about services provided can be taken into account.
- It helps in providing health services to a wider number of beneficiaries.
- A relationship of mutual understanding and co-operation is built between people and public health employees.
- Objective review can be taken about the extent to which the objectives of the health services are achieved.
- Obstacles in achieving the objectives of health services can be identified well in time.
- Transparency in functioning becomes possible while providing health services. Employees and officers at all levels become proactive.

Advantages for the people

- People get an opportunity and space to put forth their complaints regarding health services and to give their opinion about the health services they need.
- Unnecessary expenses on private doctor are avoided as improved public services are utilized.
- People learn in detail about the Government's health services and schemes.
- People do not remain mere beneficiaries of health services, rather they take on the active role of participating in the implementation of these services.
- Some health problems at the village level can be solved through everyone's co-operation.
- The health system becomes accountable to the people.

Community Action in NRHM

In order to ensure that the services reach those for whom they are meant the NRHM proposes an intensive accountability framework that includes Community-based Monitoring as one of its key strategies.

Process of Community Monitoring

The exercise of "Community monitoring" involves drawing in, activating, motivating, capacity building and allowing the community and its representatives to directly give feedback about the functioning of public health services, including giving inputs for improved planning of the same.

Frameworks on Community Action

- Village Health Plan, District Health Plan
- Entitlements under the Janani Suraksha Yojna
- Roles and responsibilities of the ASHA
- Indian Public Health Standards for different facilities like Sub Centre, PHC, CHC
- Concrete Service Guarantees
- Citizen's Charter and so on.

Activities

- Informing and mobilizing the communities about the provisions of NRHM
- Formation and Strengthening of Community Action and Planning Groups at the Village (VHSC) and facility levels (PHC and CHC)
- Orientation/ Training of members of the Community Action and Planning Groups
- Orientation of Service Providers about community Action
- Conduct village level and facility level Action exercise
- Preparation of village and facility level report cards
- Sharing of report cards and experiences through VHSC RKS meetings and Public Hearings (Jan Samwad/ Jan Sunwai)
- Planning for improvement

Highlighting the progress so far made under Community Action he shared as follows.

Process and Progress

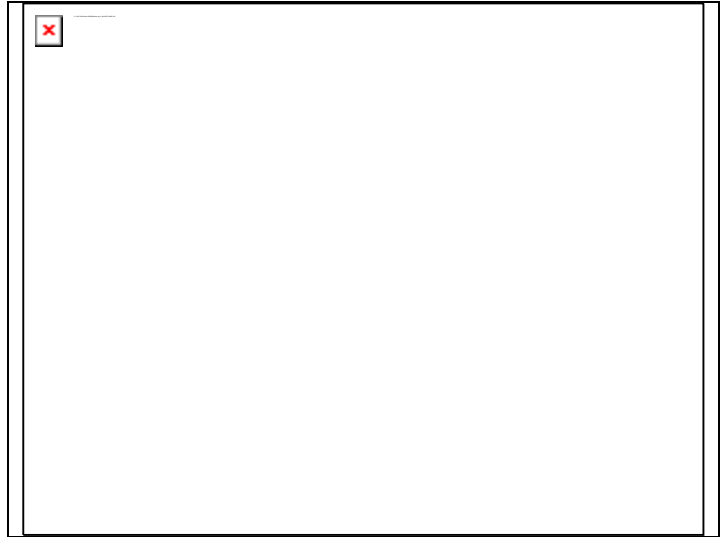
- Selection of Blocks in the District: 3 Blocks were selected to work under community action viz, Nabarangpur, Raighar, Tentulikhunti in close consultation with The CDMO
- Block Nodal NGOs were selected viz, Democratic Action for Nabarangpur Block, AVA for Tentulikhunti Block and SAHARA for Raighar Block
- In each Block 3 PHCs were selected and from each PHC 5 villages (3 villages having SC base) were selected
- District level workshop was held on 12th November 2007 at CDMO's Conference Hall, Nabarangpur
- Block Nodal NGOs training was organized during 14-16 Mar 2008 on Community Action and preparation of village health report and score card
- Village Health Sanitation Committee (VHSC) are formed in all the selected villages (45).
- The registration of VHSCs are on process and will be completed very soon
- Coordination with different stakeholders in the state
- Formation of District Mentoring Group, The Collector being the Chair person

Activities to be done

- Formation of Planning and Action Committee
- Orientation of Planning and Action Committee
- Training to Block Providers
- Coordination and follow up
- Registration of VHSC
- Facilitation in channelizing funds to VHSCs
- Orientation to VHSC members by Block nodal NGOs
- Formation of planning and action committee at different levels by Block Nodal NGOs (PHC and CHC level)
- Facilitation by Block NGOs in carrying out interview and facility survey
- Facilitation by Block NGOs in preparing village health report card and score card
- Sharing of VHSC report in the village by Block Nodal NGOs
- Facilitation by Block NGOs in submitting reports from village to District

Dr D N Das in his presidential address highlighted the need of convergence of services at the grassroots level to make community action effective in its mission and vision. Addressing the group, he said it is a process not to find fault of others, rather it's an opportunity to identify gaps if any in effective health care service delivery so that remedial measures can be taken in due course. He laid emphasis on community ownership and action so that planning at village level could be possible and feasible for effective implementation of NRHM programmes. Praising the effort under community action, he said we will make it effective so that in the long run people will shape their own health in an integrated manner.

In the mean time Block Nodal NGOs shared their experiences and progress so far made under community action. During the discussion, it was known that though the registration process has been initiated by Block Nodal NGOs still it is not completed.



Ms Bilasini Das, Project Officer, DSWO was requested by the group to lock into it for early registration of VHSCs for further course of action.

Mr S N Sahu, RWSS during the discussion laid emphasis on Total Sanitation Campaign and proposed to make 45 selected villages under community action as models in the district.

In the last lap of the meeting there was discussion on formation of District level Planning and Monitoring Committee. Considering the NRHM guidelines, it was proposed as follows.

District Planning and Monitoring Committee

- 1 Zilla Parishad Chair Person (Chair Person)
- 2 Zilla Parishad Vice Chair person (Female)
- 3 One more PRI member to be nominated by ZP Chair Person
- 4 C D MO (Executive Chair Person)
- 5 MO Block PHC (to be selected)
- 6 RKS Member (to be selected)
- 7 AVA NGO representative (Secretary)
- 8 DPM
- 9 District Nodal Facilitator

The report will be circulated to all the mentoring group members. Based on their feedback, the members of the Planning and Monitoring committee will be finalized.

At the end with vote of thanks by Mr S Garada, Democratic Action, the meeting came to an end.