Karnataka

Background

Karnataka is among the best performing states in respect of health indicators. The state has strengthened its ASHA programme/VHSNCs for the last 9 years. The state is using modern technology, SATCOM for ASHA training on a large scale. To keep the VHSNCs functional, the VHSNC is reconstituted after every Panchayat election, which is a daunting task. The state has put in place the community planning and monitoring committees[1] at taluka, district and state levels. At the PHC level the Arogya Raksha Samiti (ARS) and at the village level, VHSNC is mandated to perform the functioning of planning and monitoring committees.

At a Glance	
ASHAs in the state (March 2014)	29,916
Functional VHSNCs[2]	26,084

The state firmly believes that "*community empowerment in a well directed and constructive manner can complement the efforts of health system service delivery in increasing the accessibility, quality and coverage of health services, thereby contributing to the end outcomes. It is also realized that community empowerment is not the result of a onetime capacity building effort but an ongoing continuous engagement with the community structures and members, particularly in the context of regular restructuring and reformation of VHSNCs and Panchayat Raj Institute (PRI) structures*."[3]

Pilot Phase[4]

During the pilot phase of community planning and monitoring of health systems (2007- 2009), the coverage of the programme was 567 VHSNCs, 48 PHCs, 12 talukas and 4 districts. The state mentoring and monitoring group was constituted. The State made two significant deviations in the national design of the CAH process – i) expanded the process to 'planning and monitoring' instead of just 'monitoring' thereby the process in Karnataka is known as 'Community Planning and Monitoring Health Systems (CPMHS)', and ii) geographical coverage was increased to 'all villages in the PHC' instead of 'five villages in each PHC.' This has resulted in 80% to 100% coverage of villages under each PHC.

Post pilot phase

During 2009 to 2011, there was no budget proposed under the Community Action for Health. In the FY 2011-12, capacity building of VHSNCs and Aryogya Raksha Samitis were planned with support from the NGOs which was not approved by the MoHFW. A format was developed for monitoring the programme through VHSNCs. The printing of the format was approved. In the FY 2012-13, the state had not proposed any activities under the component and in the PIP 2013-14, state had included plans for continuing implementation of the community action for health with focus on strengthening capacities of VHSNCs and ARS. Subsequently, the process was discontinued.

The state AGCA meeting was organised on September 30, 2014 to discuss re-initiation of the process. The following decisions were taken: (a) the formation of an integrated advisory group, which will include ASHAs and VHSNCs (b) expansion of the committee to include officials from the Departments of Rural Development, Panchayati Raj and Women & Child Development (c) widening the scope of community action to include health determinants - nutrition, water and sanitation (d)

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[1] Karnataka PIP FY 2014-15 write up
[2] Karnataka PIP FY 2015-16
[3] Karnataka PIP FY 2015-16 write-up
[4] Source: Final State Reports_March 27, 2009

appointment of a nodal person for VHSNC strengthening in each district and (e) initiation of Karnataka Health System Development and Reforms project with support from the Karnataka Health Promotion Trust to prepare a road map for implementation of the process. However, the state has yet to move forward the decisions.

Subsequently, a meeting of the state mentoring group for ASHA and community monitoring was organised on March 17, 2015. Some key decisions were: a) appointment of a state community mobiliser to assist Deputy Director in the community processes b) build capacities of the ASHA facilitators on community action for health and c) seek support from the national AGCA in facilitating the perspective planning meeting to detail the roll out plan.

The state has submitted the PIP 2015-16 for re-initiation of the community action focussing its strategy on building the capacities of the VHSNCs and ASHAs. State is yet to receive the RoP.

Key activities[5] will be:

1) A cadre of ASHA mentors/ facilitators will be trained to be District Resource Persons (DRPs) who will be responsible for training of all ASHAs, VHSNCs and PRI members in the above mentioned approach and tools.
2) An integrated training package will be developed and the DRPs will be trained to carry forward this process on the ground.
3) A team of six members will be formed within every VHSNC who will take the lead in implementing the Supportive Community Based Monitoring Tool (SCBMT). This team will include VHSNC president, Secretary (who is the local ASHA worker) and four other active members representing both women and SC/ST.

The state expects to achieve the following:

- Training of 3,93,210 number of VHSNC members across all districts
- Training of 1,57,284 number of SCBM members across all districts
- Roll out trainings (54) at district and taluka levels

[5] Source: Karnataka PIP FY 2015-16.