Maharashtra
Community Monitoring & Planning

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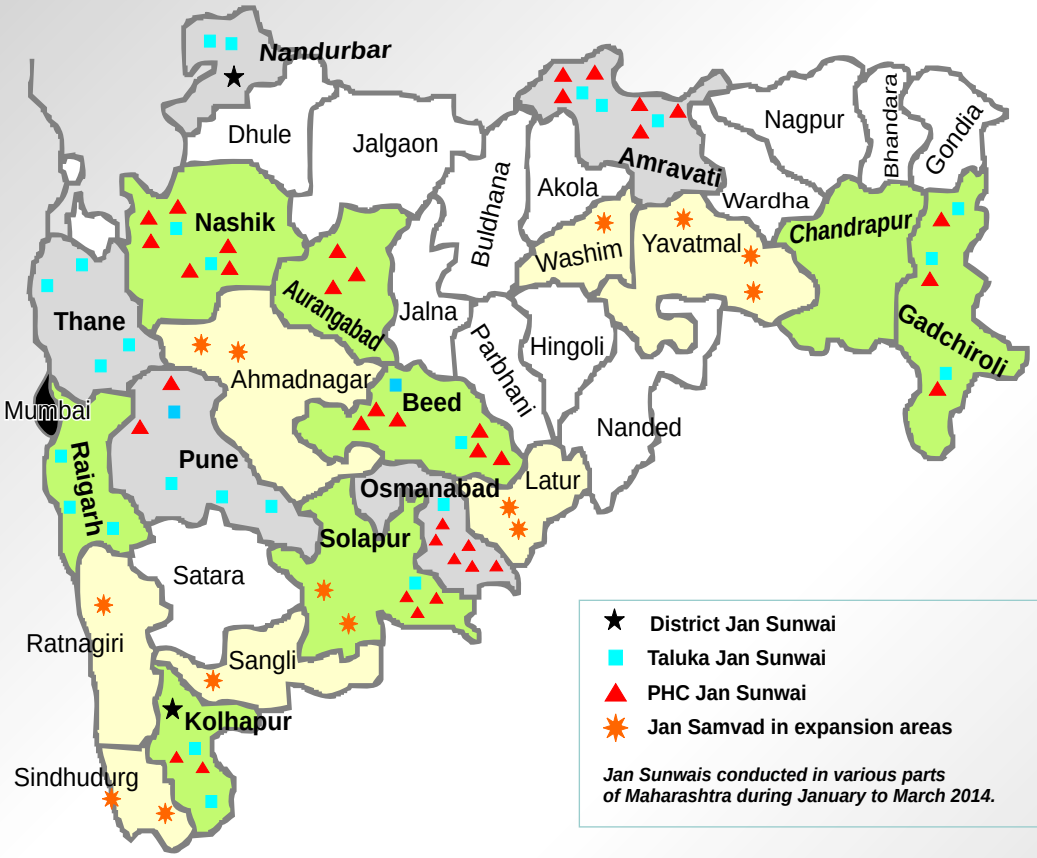
UPDATE

Jan Sunwais (Public Hearings) on health services organised in Maharashtra during January to March 2014



The process of Community based monitoring and planning of health services has been developed in Maharashtra with support from NRHM since 2007; beginning with 5 districts, it has been expanded to 13 districts. Since 2014 it is being expanded further across the state, with many organisations in new areas taking up CBMP on a voluntary basis. Along with this quantitative expansion, there has been qualitative deepening in terms of efforts to involve various stakeholders, and taking the CBM approach beyond health services to systematically cover ICDS services. This brief update outlines new developments on the CBMP front in Maharashtra, from December 2013 to March 2014.

Latest round of Jan Sunwais - Mass participation events for accountability

Over 80 Jan Sunwais (Public Hearings) on health services at PHC, taluka and district levels have been organized in CBMP areas since January 2014. These mass events present a strategy which enables ordinary people to demand health rights through direct accountability from those responsible for providing health services. With significant mobilization which often evokes prompt response from the officials, these mass actions are enabling local health activists to powerfully raise and ensure resolution of many issues. (see the map of Maharashtra indicating the locations where these events have been organised recently.) It is notable that these Jan sunwais have been organised despite frequent resistance from local officials. The model code of conduct related to Lok Sabha elections had come into force in early March, which was often used as an excuse by officials to avoid Jan sunwais, but activists persisted and ensured these were organised, with help of social pressure. A few examples of recent Jan Sunwais and related Community monitoring processes are briefly outlined here:

The Block Jan sunwai conducted in Bhudargarh on 29th January 2014, was attended by about 125 people, and helped to resolve a longstanding issue in the Rural Hospital (RH – equivalent to CHC). The doctors were not residing in the RH, which seriously affected the availability of services there. The issue had been discussed in the Monitoring and Planning Committee meeting, the doctor was instructed to move in, but there was no effect. The issue also came up in the District Monitoring committee, the doctor made promises, but did not abide by these. Hence finally the issue was raised in the Jan Sunwai; the people threatened the doctor that if you do not come to stay in RH premises, then we will recommend that your salary should be stopped. Finally, he agreed and has shifted residence to the RH within a week after the Jan sunwai! Another significant outcome of this Jan sunwai has been 'reclaiming' of the Pediatrician at Gargoti Rural Hospital, who was earlier not treating any patients in the public facility but was 'channelising' all of them to his private clinic. Following public protest on this during the hearing, now the pediatrician has started conducting his OPD regularly, and patients are finally receiving the free public services which are their right. Thus patients have shifted back from private to public services, associated with considerable savings to patients and strengthening of the public facility.

Linked with the Jan sunwai process in Sudhagadh block of Raigad district, the Block monitoring and planning

Zilla Parishad members taking up issues in Jan Samvad organised by Sangram in Kolhapur district

committee members visited Pali PHC and found that the premises were unclean; also while there was no drinking water available for patients, the sole water filter was confined to the doctor's room. After the committee raised this issue, the water filter has been kept in a location accessible to all patients, making drinking water available, and cleanliness of the PHC is now being ensured. It is notable that in all three CBMP blocks in Raigad district (Sudhagadh, Roha and Karjat) earlier PHC doctors were charging money from patients for giving injections as the norm. After this issue was strongly raised in the District monitoring and planning committee, now such illegal charging has been completely stopped in all the PHCs covered by CBMP.

A Block level Jan sunwai was conducted on 22nd February 2014 in Armori, Gadchiroli, a new block where CBMP has been initiated recently in mid-2013. The hearing was attended by about 100 people, one of the major issues which was raised by them was of vacant posts and lack of specialist services. Given the systemic nature of this problem, an interim suggestion that came up was that the District Monitoring and Planning Committee and the District Mentoring Committee would get the posts of trainee doctors and interns who are posted at Armori increased, so as to deal with the problem of vacant posts. Further, assurance was given by the Medical Superintendent that a sonography centre would be initiated for the time being in the Sub-district hospital at Armori in April, which will operate twice a week. He also assured that the services of an eye specialist will now be given at the Sub-district hospital, and that this eye specialist will also visit the PHCs in the taluka on fixed days.

Dozens of such stories of change are emerging from CBMP areas, related to actions taken during Jan sunwais or due to persistent follow up by the CBMP activists. In several places the issues raised were resolved partially or completely, with the authorities intervening and promising action, where it was possible and within their powers. Where the resolution of the action required intervention at higher level, they explained the same, and accordingly decisions were taken on how to follow up on the matter.

Generalising CBM through action beyond the project mode

Presently about 25 CSOs and mass organisations are involved in implementing CBMP in 13 districts of the state. The initiative of these CSOs in implementing CBMP effectively in these districts in an intensive project mode has been very important to demonstrate the feasibility of this process. However it has been felt that CBMP based on community accountability and participation is a core principle which needs to expand beyond these 13 districts, and needs to be expanded in a less intensive manner moving beyond the project mode, in many more areas.

About 500 people mobilised for block level Jan Samvad organised by Manoday organisation, District Washim

The process began when SATHI and CBMP partner organisations conducted regional level

workshops, where several new NGOs and mass organisations showed interest in undertaking this process on a voluntary basis in their areas. Given this demonstrated interest, it was proposed that Regional Resource Persons (RRPs) would work with new organisations to develop CBMP activities in a lower intensity mode in various new districts, and this was included in the State supplementary PIP (2013-14). After sanctioning of the supplementary PIP in September 2013, five persons with requisite field experience were selected from different geographical regions of Maharashtra, to work as RRPs. They were assigned the task of identifying rights based CSOs in their respective areas, who could take up CBMP activities in a voluntary manner, based on technical guidance and some activity related support.

In January 2014, an advertisement was published by NRHM across Maharashtra in a leading state level newspaper, inviting interested organisations to express interest regarding taking up CBMP in their areas on a voluntary basis. Despite a relatively short deadline, 121 applications were received from across the state. SATHI as the State nodal NGO set up a scrutiny committee to screen these based on certain defined criteria, especially experience of community health work, and conducting mass programmes or rights based and accountability oriented activities on any social issue. Based on these criteria, 34 new organisations were short-listed and four regional workshops were conducted to orient these organisations as follows:-

Region	Dates	Venue	Number of participant organisations
Konkan and West Maharashtra	30-31 January 2014	Sangli	9
North Maharashtra	30-31 January 2014	Nashik	4
Marathwada	4-5 February 2014	Latur	7
Vidharbha	4-5 February 2014	Nagpur	14

The Regional resource persons have co-ordinated with these newly involved organisations and have provided guidance to enable them to conduct health rights awareness activities, community based data collection, documentation of cases of denial of health care and preparation for Jan samwads. These organisations are drawn from 8 new districts (where CBMP has not yet been implemented), covering 16 talukas. In each taluka, these organisations have facilitated collection of data from at least 3 PHCs and 15 villages. Since the regular CBMP tool for data collection was quite detailed, it was made concise for this exercise, so that it covered basic services in the PHC. For example on medicine availability, only the stock of 11 essential medicines was examined. With appropriate training and guidance from SATHI, these organisations have carried out brief data analysis, and have prepared report cards which are displayed on large flex posters during the Jan samvads. 14 such Jan samvads in new areas have been organised so far, a couple of Jan samvads in such

Putting up a report card in village 'Rikamwadi'

new areas are described as a sample here.

Jan Samwad at Sangamner, District Ahmadnagar: Lok Panchayat, a local NGO which has been working on watershed development and organises self help groups, took up the responsibility of collecting data related to functioning of three PHCs in Sangamner block in District Ahmadnagar, Maharashtra. The NGO organised a Jan Samwad (Public Dialogue) at Sangamner on 25th Feb 2014 where more than 250 villagers participated along with the Taluka Health Officer (THO). Many issues of concern were raised by villagers like, ANM and MPW not visiting villages regularly, ASHAs not getting trained as expected, and denial of transport facility under JSSK to reach Health centres for delivery. But the most forcefully raised issue was the filthy nature of two PHCs, to the extent that no one visits them for treatment due to the unclean labour rooms and OPDs. Villagers came with the photographs of those PHCs. The THO assured the people that action would be taken within a week. One of the panelists was a local newspaper reporter, who published a news item the next day with the heading - "The PHCs are dirty, and the cleaning staff does not heed orders by officials.'"

The medical officer shared the published news with the staff responsible, which initiated change. There and then, the responsibilities were distributed and within three days both PHCs were thoroughly cleaned up. The NGO's volunteers from self help groups ascertained the fact and reported back to the DHO who visited the PHCs and some villages around, had discussions with ASHAs and villagers to gauge the deficiencies, and ensured full rectification within a few days. The most significant aspect of this episode was a local organisation which was completely new to CBMP, having worked voluntarily with rights based initiative and receiving ample support from the community followed by prompt response from public health staff. This is one more example of what community based monitoring of health services can achieve, and what it means when we say, 'people should reclaim public services'.

Another Jan sunwai was conducted in Karanja taluka of Washim district on 25 February 2014. The CSO involved was 'Manoday' which has a large network of self-help groups, resulting in a large mobilization of women; this was one of the best attended Jan sunwais with about 500 women and around 100 men. The organization was not sure that women would speak up at the Jan sunwai and express their problems, as they had earlier shown hesitation in publicly speaking about the doctors. However, women decided to vocally share their grievances, and finally so many of them wanted to speak that they had to be stopped due to time constraints.

Women question the medical officer in Jansunwai.

The Taluka Health officer was present for the Jan sunwai. One specific case of denial was shared, where a small boy was referred to Amaravati but the vehicle was not provided by the PHC, hence they had to take a private vehicle and spent Rs. 800. It was decided that the expense should be reimbursed and the THO promised the funds from the RKS.

Another grievance shared was about a PHC doctor conducting his

private practice, the THO said that a letter to this effect would be sent to the DHO. Most other complaints were about the MPW and ANMs not visiting the villages, and the THO promised that disciplinary action would be taken against them. It was also decided that the Advance Tour Programme of the ANMs would be displayed outside the anganwadi so villagers were aware about these. The contact numbers of the THO would also be displayed so the villagers could contact them if required. The ASHAs had complaints that their medicine kits were not being refilled. It was assured that within the next 8 days they would get the kits. It was also decided that the THO would attend the next meeting between the PHC MO and the ASHAs so that he could solve their grievances there.

One of the highlights of this expansion of CBMP in new districts in voluntary mode is that organisations with very diverse profiles have joined in the process, and are raising issues forcefully even in new areas with not much background of such accountability activities.

Conventions with Panchayat members to strengthen the CBMP process

Local elected representatives - PRI members are important stakeholders in the community based monitoring process, and have been instrumental in resolving many local level issues. To increase and sustain their involvement, district level conventions with Panchayat members were conducted in Beed (11 January 2014), Amaravati (31 January 2014), Pune (17 February 2014), and Aurangabad (22 February 2014). These 'melavas' were attended by Zilla Parishad members, Panchayat samiti members, Sarpanches and Gram panchayat members from across the villages in the districts – each convention had about 60 to 100 representatives.

The Pune convention, held on 17 February 2014, was attended by members of the Zilla Parishad (from various political parties), the DHO and a leading activist of the Aam Aadmi Party, along with the Sarpanches of villages, Gram Panchayat members and members of various committees involved in CBMP. The DHO spoke about the many problems which they had managed to solve with help of CBMP, and also asked that any remaining obstacles should be reported to him and other concerned officials.

In the Aurangabad convention, held on 22 February 2014, the Sarpanch of Nagmathane spoke about the changes that had taken in the village health services due to CBMP. He also reiterated that the best way to keep a check on the health services, is for us to monitor them ourselves. A Sarpanch of from Paithan taluka (currently not covered by CBMP) lamented about the poor condition of health services in their area and expressed the desire to start CBMP in their block.

PRI Members active participation in PRI Convertion - Beed

In all the conventions, the people's representatives expressed that they find the process of CBMP useful for monitoring of health services at the local level. Especially when they face some technical problems, they find the involvement of NGOs useful. They also

appreciated the fact that due to the CBMP process, people are now becoming aware about health care as their right.

Some of the demands that have emerged from the conventions, are that CBMP should be expanded to other blocks, and that the state administration should assist in resolving the structural and policy issues such as inadequate staff and supply of medicines, that have repeatedly come up during the process. Another concrete demand has been that members of the district monitoring committees should be included in the State monitoring and planning committee.

A letter has been drafted on behalf of the PRIs in each district, stating that they would like expansion of CBMP in their respective areas, and demanding support for the same from the state machinery. As part of the conventions, the PRIs members have been signing such letters, which are being sent to the Health Minister and the Chief Minister.

Another decision taken in the recent State Monitoring and Planning Committee relates to organising annual special 'Gram Sabhas' to discuss health issues. To ensure participatory inputs for planning related to the Village untied funds, and to enable people to discuss and monitor delivery of health services in their area it has been decided that annual 'Arogya Gram Sabhas' would be organised in all villages of the state, to enable people to discuss and decide on health issues.

Expanding CBM beyond health services - Community based monitoring & action for ICDS

Given the positive experiences of CBMP of Health services in Maharashtra, in mid-2013 it was proposed to the State WCD department that applying the principle of community monitoring to ICDS services might help make implementation of the scheme more responsive to community needs and more effective. 'Community Based Monitoring and Action' (CBMA) related to ICDS has been initiated on a pilot basis since mid 2013, in 5 rural blocks and 2 urban areas, which includes selected rural areas in Amaravati (2 blocks), Nandurbar, Gadchiroli, and Pune (one block each) and selected urban areas of Nagpur and Mumbai. 15 villages from each block in rural areas i.e. total 75 villages from 5 blocks, and 39 urban clusters from Nagpur and Mumbai cities have been involved.

Following are some of the activities that have been carried out as part of this initiative :

- The existing Village Health Sanitation and Nutrition Committees were linked to the Mother's committees, and these were activated and oriented for community action to improve the Anganwadi.
- Based on experiences of monitoring Anganwadis in brief manner as part of CBMP of health services, a detailed Anganwadi monitoring tool has been prepared covering infrastructure, quality of food, difficulties faced by the AWW etc. Two rounds of data collection have been completed with this tool.
- A detailed survey of utilisation and community experiences regarding Take home ration (THR) for under-3 children was conducted, critical results highlighting the serious problems with packaged THR have been published in the form of a policy brief which has been widely covered by the State level media.
- Community level meetings were conducted and community awareness on nutrition issues was

undertaken through innovative processes like Kala Jatha, demonstration of pictorial stories etc. There was also a focus on identifying forms of community and household action, which could help to improve nutrition.

Jansamvad on ICDS Services, at Panshet Pune, Rachana

Certain innovative initiatives have emerged in the process so far :

- 'Bal Hakk Gat' (Child rights groups) have been formed in Kurkheda block in Gadchiroli and Velhe block in Pune, where local high school children are actively involved in Anganwadi monitoring.
- In Gadchiroli district, a local ritual called 'Chatavani' was used for creating awareness programme in the community, where a nutritionist was invited for providing information related to how to prepare nutritious food items with the help of available local food items.
- In Velhe block, on the occasion of Raksha-bandhan, members of the Bal Hakka gat tied threads on the wrists of the government officials working in ICDS. This was their unique way of appealing to these authorities to protect children of the village from malnourishment. On 15th August the children tied the threads to other political leaders and PRI members who visited the villages. From the donation collected from politicians; children bought some quality food items for the malnourished/ low weight children.

Some of the positive impacts of the CBMA process so far include :

- Significantly improved awareness among community members and VHSNC members about the entitlements under ICDS. For example, in Gadchiroli district, following initiation of CBMA, the VHNSC members approached the District collector with the demand of replacement of bad quality rice grains supplied to AWs in Kurkheda Block. This has led to replacement of bad quality rice with good quality rice grains.
- In Dhadgaon block of Nandurbar district, a detailed meeting with Ration shop owner has led to ensuring regular and good quality food grains to all the Anganwadis.
- In Velhe block of Pune district, due to CBMA, now regular practical demonstrations are being organised by the Anganwadi worker, to educate mothers about methods for preparing nutritious foods for children. Minor repairs of several Anganwadis which were pending have now been carried out due to community intervention.
- In Mumbai city, the community of Bainganwadi, Govandi area; was not even aware of the scheduled timings for opening and closing of any Anganwadi. With awareness drive linked with the CBMA process, the community got to know about the scheduled timings. When the community observed that the timings were not being observed by the AWW, it kept a close vigilance proactively and noted timings of actual opening and closing for a particular anganwadi. This pressure worked and now all anganwadis are run punctually.

Village meeting regarding Anganwadi Services - Pune

• In all CBMA areas, mothers groups have been properly formed, these groups have become well oriented and are quite active in engaging with the Anganwadis. As a result, in many places quality and regularity of supplementary food in Anganwadis has improved.

Now a series of block level 'Jan samvads' (Public Dialogues) to improve Anganwadis in all these areas has been initiated.

The first Jan samvad on nutrition rights was conducted at Panshet in Velhe block, Pune district on 19 December 2013. From all fifteen villages around 60 to 70 people participated in this Jan Samwad. Several issues were raised- inadequate space for AW, lack of acceptability of THR received at AW, unavailability of drinking water. People disclosed that they take the THR packets just to please AWW, but because it is found inedible they feed this to their cattle. The demand for supplying appropriate locally cooked food for under-3 children instead of commercial THR packets has been raised in this context. The panellists also explained that malnutrition was not merely for the anganwadis to resolve, it was the responsibility of the entire village. A resolution was passed that each and every village would contribute 10% of the village level tax collected to improve the AW.

Similar Jan sunwais were also conducted in Mumbai on the 1st March and Nagpur on 5th March 2014. One of the issues which was raised in the urban areas was that ICDS gives an allowance of only Rs. 750 for rent of space for anganwadi, which is quite insufficient, since only very small premises are available in this amount. Besides this, spaces available are sometimes not equipped with electricity, fans etc. and in some places the owners of the premises did not permit putting up charts, boards etc.

In Shivajinagar area of Chembur block of Mumbai, there was a problem of non availability of drinking water in Anganwadis. The community discussed the issue in their meeting and appealed to the community members living next to each anganwadi to help. Now community members have agreed to provide drinking water to all the children in several anganwadis in the area, thus solving this problem.

Overall, community based monitoring and planning is gradually becoming accepted in Maharashtra as a powerful approach for improving public health and nutrition related services, leading to steps towards generalisation as well as deepening of the process. Now there is need to address the systemic and structural issues identified through community monitoring, for which parallel efforts are being initiated. Provided there is effective resolution of state level policy issues, more effective response from officials at various levels, and institutionalised medium to long term support for this process from public systems, CBMP would be able to achieve its full potential to establish people's health rights, and to make health and other social services accountable and responsive to people, who would be able to reclaim these through organised community action.

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