

Gaon Swasthya Samikshya in Odisha

Background

Odisha was one of the nine states where the community based monitoring and Planning (CBMP) program was implemented during the pilot phase 2007-2009. The program was implemented in four Districts viz, Nabarangpur, Kendrapara, Mayurbhanj and Bolangir covering 180 villages, 36 PHCs in 12 blocks of the state. In FY 2014-15, the programme was implemented in five districts (Kendrapara, Mayurbhanj, Rayagada, Ganjam and Bolangir) covering 1543 Grampanchayats and 11796 GKS of all 82 blocks.

The CBMP program implementation was re-initiated in FY 2011-12 after a gap of 2 years. The Swasthya Samikshya Samiti at GP, Block & District level were constituted to facilitate effective planning and implementation of the programme.

- The State Swasthya Samikshya Samiti (SSS) was constituted to review status of programme implementation, facilitate inter-departmental coordination and strategic direction to the state government on mid course corrections and deliberate on implementation steps and strategy.
- The State SSS has officials from 6 line departments – i.e. Health & Family Welfare, Women & Child Development, Rural Development, Panchayati Raj, School & Mass Education and the Scheduled Caste & Scheduled Tribe Development department. The committee is headed by the Minister, Health & FW, Govt. of Orissa with MD, NHM as the convener.
- State-wide Gaon Swasthya Samikshya Program was launched on 2nd March, 2013 by Hon'ble Chief Minister of Odisha Mr. Naveen Patnaik.
- The State AGCA, as an advocacy platform & technical resource team plays a critical role to take forward the Community Action under National Accountability Framework.
- The State Nodal Agency has a role of regularizing quarterly meeting of State AGCA under the Convenorship of MD, NHM to take important decisions to carry forward the GSS Programme.

Processes undertaken for GSS

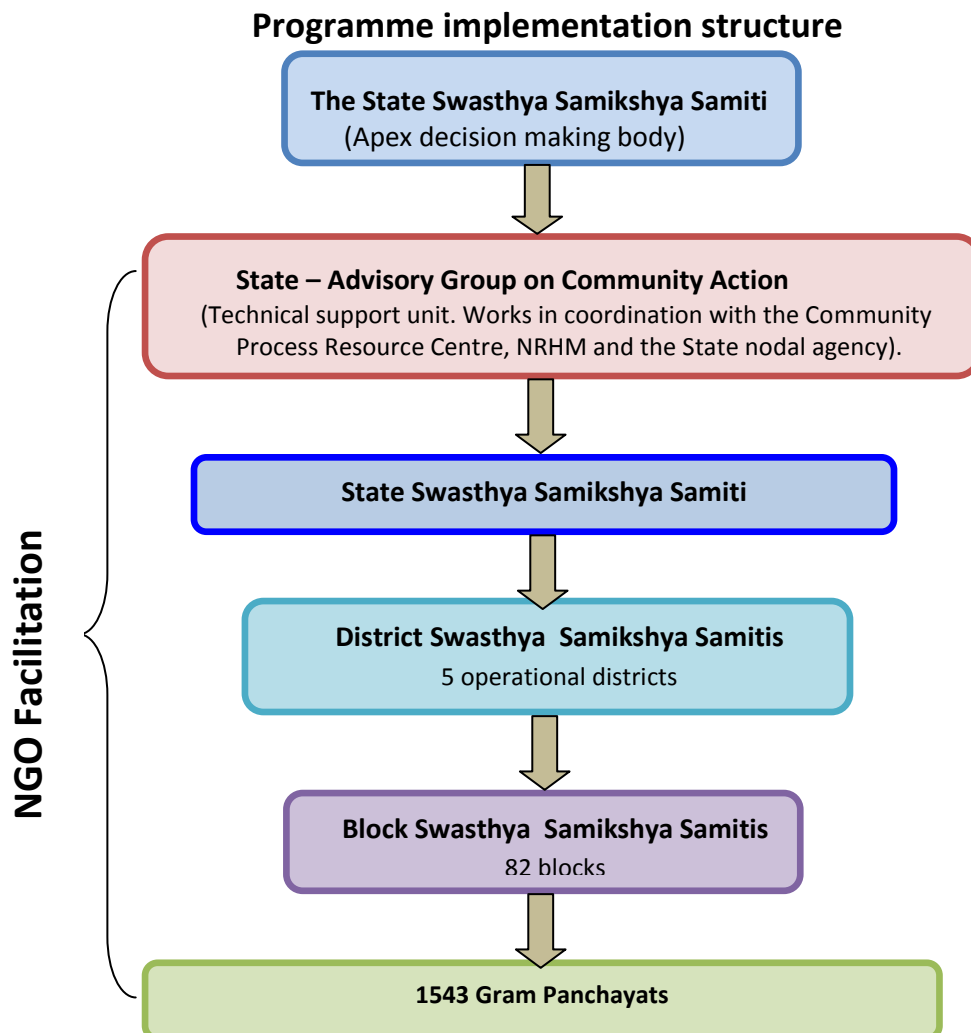
At State level –

- State wide launching of GSS Programme: State wide Gaon Swasthya Samikshya Programme was held on 2nd March, 2013 by Hon'ble Chief Minister of Odisha Mr. Navin Pattanaik at Karadia Padia, Karanjia, Mayurbhanj with the participation of Council of Ministers, MPs, MLAs State AGCA members, State & district health officials & line department officials.
- Orientation of state and district level officials from the 6 line department on the CBMP process.
- Bi-Annual meetings of the State Swasthya Samikshya Samiti
- Development of training manuals, community enquiry tools (Suchana Patrika) and IEC materials for all levels
- Selection of implementation partners at the district and block level

- State level TOT organized in collaboration & support of Mission Directorate- NHM, Health & FW Department
- Before rollout of GSS programme in 6817 GKS of 923 GPs in 51 blocks of five districts, namely Mayurbhanj, Ganjam, Kendrapada, Rayagada & Balangir, a joint interactive orientation programme for DPMU Team & 49 NGO partners of 5 districts was organized in two batches on 27th & 28th August, 2014. The first batch participants were invited from Ganjam & Balangir district on dated 27th August,2014 and the second batch participants were from Mayurbhanj,Kendrapada & Rayagada district.

District and block level -

- Tripartite Memorandum of Understanding (MoU) signed between Chief District Medical Officer (CDMO) cum District Mission Director, District Implementing Partner and State Nodal Agency). Similar MoUs signed at the block level.
- Orientation workshops were held with Swasthya Samikshya Samitis inviting Chairperson (Sarpanch) and the Convenor (Female Health Worker)- at block in 82 blocks and 5 districts
- Block level programme action plans developed in 51 blocks.



Challenges-

- Inordinate delay in release of fund by both GoI and State Government, hence much of funds remain un-utilized.
- Due to non-conduct of regular meetings of RKS and non constitution of its monitoring committee, participation of society in running hospital and ensuring accountability of public health providers to the community remained under achieved.
- No provisions were made for organising public hearing and dialogue in the state PIP 2013. Thus, communities were deprived of direct involvement in eliciting information on health care system and failed to ensure accountability of the health providers. During 2012-13 the CBM programme was implemented in five districts. It was facilitated by NGO partners at block and district level.
- Monitoring was weak, inadequate holding of meetings by State and District Health Missions, non formation of Health Planning and Monitoring Committee were noticed.
- Convergence of the line departments at all level which is imperative in steering service delivery, decentralised and for building a system of good governance.
- Due to centralized approach with CPRC, NHM in the lead role, there is little autonomy for the Civil Society Body in important decision making or to carry out the activities under GSS Programme.