

## **Programme Update on Community Action for Health Gujarat**

### **Background**

A Government Resolution/ Order (GR/GO) was issued by the Health Commissioner for constitution of Gram Sanjeevani Samities (GSSs) or Village Health Sanitation and Nutrition Committees (VHSNCs) in 2006. A state level consortium was constituted for providing support to strengthen CAH processes comprising Foundation for Research in Health Systems (FRHS), CHETNA, SEWA, Deepak Charitable Trust, Avaaz, Janpath and Anandi.

### **Activities during 2010-2016**

75 NGOs were identified through a consultative process to orient and mentor GSS in two phases in 2009-10 and 2011-12. Modules/ materials for GSS training were developed by CHETNA, which was followed by training wherein a pool of 265 master trainers was developed. 9,434 GSSs were trained (out of 18,356) till 2012. The GSS trainings were spread into three phases: (a) a one day village level orientation for the entire GSS members; (b) a two day structured training for 5 selected GSS members at the PHC level; and (c) a one day follow up orientation with entire GSS members at the village level.

Post training, mentoring support was provided to the GSSs for one year which included facilitation of regular monthly meetings, discussion on utilization of village untied funds, identification of local problems, and steps for community action, including dialogue with service providers.

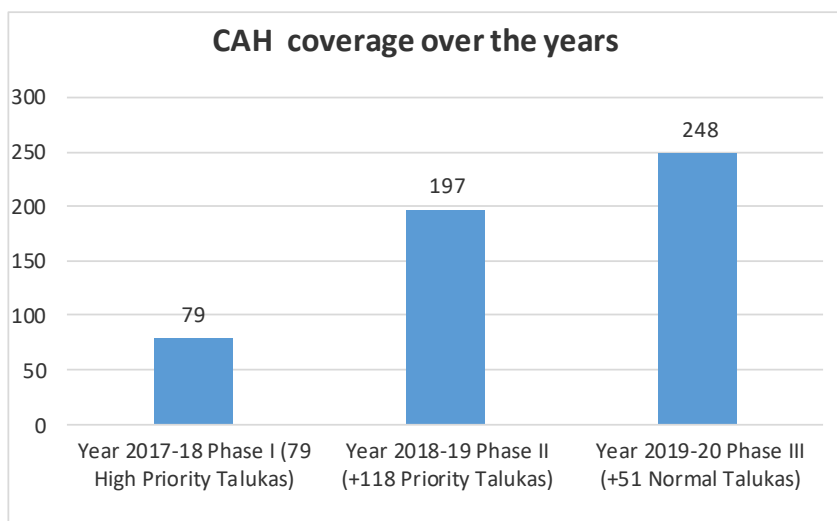
- Over three years, efforts were made to regularize meetings of the Gram Sabhas. A Liaison Officer was appointed for each Gram Panchayat at the block level to monitor the process. The community monitoring processes including expenditure related to utilization of the village untied funds were shared at the Gram Sabha meetings.
- Rogi Kalyan Samities (RKSs) were not functioning well in the state. A structured capacity building plan along with mentoring was developed to activate and strengthen these committees.
- To orient GSS at scale, orientation sessions/trainings through SATCOM were considered.
- A state level workshop on CAH was organised in December 2013. Over 200 state and district nodal officers and NGOs were participated in the workshop. The objectives of the workshop were to enhance understanding and build perspectives on Community Action for Health (CAH) and to develop a broad plan for operationalizing CAH in Gujarat.

The State Health Society, Gujarat had implemented the CAH processes as part of the State NHM PIP from the FY 2013-14 on wards with technical support from the Advisory Group on Community Action (AGCA). However, no training on CAH was conducted between 2014 to 2017.

Subsequent to the follow up meetings with the State NHM officials to develop plans for re-initiation of the CAH processes, the issue was raised in the Common Review Mission in November 2016. As a result, three Regional Training of Trainers (TOTs) were organised in 2017-18 for Gandhinagar, Rajkot and Vadodara regions. In addition, state NHM officers participated in the Regional Consultation on Community Action for Health organised in Mumbai on January 31-February 1, 2017 by the AGCA on behalf of the Ministry of Health and Family Welfare wherein the state was convinced about the CAH process based on the learnings from other states.

### Activities during 2017-19

A policy decision was taken to reinitiate the CAH process covering 79 high priority talukas (HPTs) in sub-centre headquarter villages in the FY 2017-18; 118 priority talukas in the FY 2018-19; and 51 normal talukas in the FY 2019-20. Followed this, state ToTs for VHSNC master trainers' were organised at the state



level during 2018-19. Besides, a session on CAH was included in the VHSNC training, which was facilitated by the AGCA.

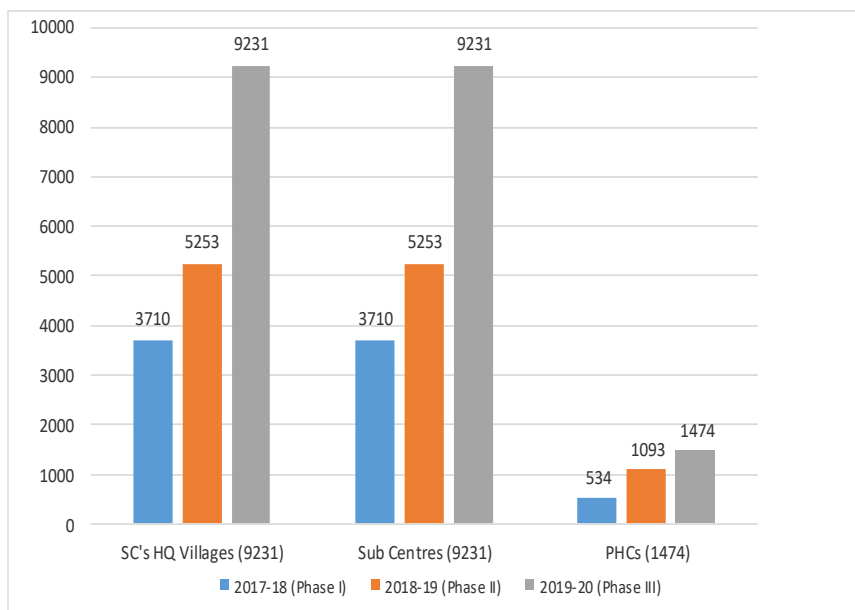
### Sub centre village taken for Community Monitoring in the first phase as a strategy

State trainers oriented the district nodal officers on CAH in each district. Further, the state VHSNC trainers oriented the VHSNC members on community monitoring in a cascade model. In the first phase, the state decided to include sub-centre villages to monitor the health services across the state as a strategy since the mobilisation of community seemed to be very difficult to monitor the health services, which was later extended to other villages with inclusion of PHCs in a phased manner.

### Community Monitoring and Organisation of Jan Samwads (Public Dialogue)

Community Monitoring guidelines were translated in Gujarati and the tool was customised as per the state context. The AGCA Secretariat and state NHM team had undertaken visits to the intervention areas to understand the outcomes of the process. Community monitoring was undertaken in 3,710 sub centre villages in 2017-18; 5,253 sub centre villages

in 2018-19; and 9,231 sub-centres in 2019-20. 534 PHCs were covered in 2017-18; 1,093 PHCs in 2018-19; and 1,474 PHCs in 2019-20. 4 Jan Samwads were organised in Bharuch, Narmada and Suriendernagar regions in 2017-18 wherein local issues such as late arrival of 104 ambulance services, and pending ASHA and JSY payments were sorted out. The tools were revised and field tested in 2018. Report cards were generated in 908 villages and 79 Jan Samwads were organised with a participation of over 7500 participants in 2018-19.



### Training status on Community Action for Health till December 2019

Master Trainers		People trained		Urban Area		
State	District	Block/ Prakhand	Community Level	Cities	Wards	MAS
249	221	750	17,430	84		9,651

### CAH Activities: A Snapshot



**AGCA members facilitating a state level meeting ( 2017-18)**



**Community monitoring of services at Bijapur Sub centre in Tapi district**



**Regional facilitation progress in Vadodara region (2017-18)**



**Field meeting in progress for Jan Samwad in Behruch district (2017-18)**

### PIP Proposed Vs Approval for Community Action for Health

SI No	Year	Budget proposed (in Lakhs)	Budget approved (in Lakhs)	Activities approved
1.	2015-16	150.96	29.44	<b>Approved activities:</b> a) State level review meeting of Technical Support Group b) Quarterly meetings of sub group, c) Development of IEC material, CD etc., approved but budget to be taken from IEC budgets, d) Review meeting of district level implementation partners, e) Preparation of the training kit for GSS/RKS, f) Strengthening pf PMCs at block and district level. and g) One round of Jan Samwad.
2.	2016-17	487	19.92	<b>Approved activities:</b> a) Health Action Plans at the state, district and block levels b) meetings on state level support group on community action c) Review meeting of district level partners d) Strengthening of DPMCs e) IEC and folk media f) Jan Samwads
3.	2017-18	84.31	84.31	<b>Activities approved:</b> a) health action plan at state @ rs. 7 lakhs, DHAP @ Rs. 27.30, BHAP @ Rs. 7.50; b) District level ToT of VHSNC @ Rs. 5000 each training = Rs. 1.65; DHS, CHC, PHC training on RSK @ Rs. 5000 each = Rs. 1.65; c) Rs. 2.49 Lakhs for CAH activities at state level; Rs. 8.91 CAH activities at districts; Rs. 22.52 for block and village level activities. VHSNC ToT for two batches, 25 District level ToT.

4.	2018-19	292.52	286.22	<b>3.42 lakhs approved</b> for SAGCA meeting, Training for Priority Talukas and 11 district DPCs, HPTs revised from 79 to 118, Guidelines and other IEC Materials. <b>9.41 lakhs approved</b> for DPMC meeting, District level visioning workshop and review meeting with Talukas. <b>36.94 lakhs</b> for Talukas level planning and monitoring meeting. <b>Rs 236.48 lakhs</b> have been approved for State, District and VHSNC levels meetings.
5.	2019-20	285.86	285.86	<b>Activities approved:</b> (a) Rs 1.56 Lakhs for State level meetings; (b) organisation of meetings in 33 districts @ Rs 20000 =6.60 lakhs; (c) organisation of meetings in 248 Blocks @ Rs 15000/- = 37.20 lakhs; and (d) 642 batches of VHSNC training on CAH @ 37400=240.20 lakhs.
	<b>Total</b>	<b>1300.65</b>	<b>705.75</b>	

### Activities during FY 2019-20

#### Introduction of CAH in Urban Health Programme

CAH is implemented in 197 high priority talukas across 33 districts. 51 additional talukas were included in 2019-20. In continuation to the consistent follow-up by the AGCA Secretariat with NHM Mission Director and the Directors of Rural Health and Urban Health, the CAH process has been initiated in 60 urban cities, 8 Municipal Corporations covering 7,500 Mahila Aarogya Samities.

Six regional ToTs were organised for the participants from 60 cities and 8 corporations in 2019-20. Urban PHC In-charges, District Urban Programme Coordinators (DUPCs), Monitoring Evaluation officers and ASHA (Programme Assistants) were trained on Community Action for Health. The Sessions were facilitated by the AGCA secretariat.

A total of 9,651 MAS members were oriented on CAH processes across 6 regions: Gandhinagar, Ahmedabad, Vadodara, Surat, Bhavnagar and Rajkot. Further, the MAS members initiated the community monitoring in all 6 regions. 7 Jan Samwads were organised in Gandhinagar, Ahmedabad and Surat regions, in which approximately 1,026 people participated and shared feedback with corporators and officials from the Departments of Health, Women Child Development and Public Health Engineering.

Activities planned in the next FY include: (i) continuation of community monitoring and organisation of Jan Samwads across 6 regions; (ii) orientation of Community Health Officers in the Health and wellness centres (newly formed). The AGCA team will undertake field visits to mentor processes, co-facilitate Jan Samwads and document immediate outcomes.