

Programme Update on CAH in Bihar

Background: Population Foundation of India is providing technical support to State Health Society, Bihar (SHSB) in implementing CAH processes across 5 districts in Bihar: Darbhanga, Nawada, Araria, Gaya and Samastipur covering 7,205 villages across 85 blocks as part of the state Programme Implementation Plans (PIPs). In addition, VHSNC strengthening processes have been initiated in 2 aspirational districts: Sheikhpura and Begusarai covering 1,539 villages across 24 blocks.

Activities during 2017-18

The National Health Mission approved an amount of Rs 12,24,600/- to State Health Society, Bihar (SHSB) in implementing the CAH processes in Bihar in the Financial Year 2017-18 under the FMR code B.14.6 as an innovation. PFI supported the State Health Society Bihar in implementing the processes in 4 blocks across 2 districts: Darbhanga and Nawada covering 2,331 villages across 32 blocks. The ongoing CAH processes were scaled up from 4 blocks (two blocks in each district: Rajauli and Kawakol blocks in Nawada district and Baheri and Singhwara blocks in Darbhanga district) to additional 28 blocks in the existing two districts. 516 VSHNCs constituted at the panchayat level, were strengthened. Some key activities were:

- **Orientation of state officials on CAH process:** CAH processes were undertaken with technical support from the AGCA and the local NGOs at the block level. The state nodal officials were oriented and updated on the on-ground processes in the existing 4 blocks. In addition, the officials were briefed on few outcomes from the ongoing CAH process which resulted in strengthening health services at the blocks through people participation. Key outcomes at the block level include: (a) ensuring supply of contraceptives, IFA and essential medicines, (b) awareness on health entitlements among community members through VHSNCs and wall paintings, (c) improved service delivery such as ANC, family planning at VHSND sites, (d) counselling by ANMs and ASHAs on family planning and other health issues, and (e) constitution and strengthening of VHSNCs.
- **District level ToT on CAH process:** The State Health Society Bihar supported the District Health Society to undertake the CAH processes in both districts: Darbhanga and Nawada. A 2-day district level workshop was organised at Nawada under the leadership of Civil Surgeon. The AGCA team mentored the process of institutionalizing the grievance redressal mechanism to resolve the gaps and undertook the mock demonstration of the community monitoring tools in the field.

- **Block level ToT on facilitating community monitoring:** The block visioning exercise on CAH process was undertaken in 10 blocks out of 14 at Nawada. Block Planning and Monitoring Committees (BPMCs) were constituted with health service providers, line department officials and elected representatives as its members. The teams were mentored and oriented by local NGOs on: (a) roles and responsibilities, and (b) community monitoring tools on 6 health services, which include maternal health, Janani Evam Bal Suraksha Yojna, family planning, VHSND, health sub-centre and primary health centre.
- **Compilation and sharing of community monitoring data:** The community monitoring was undertaken in 7 blocks across Nawada and Darbhanga districts (2 blocks in Darbhanga and 5 blocks in Nawada). The ASHA facilitator, ASHAs and ANMs were engaged in the community monitoring data collection. Subsequently, the block level health report cards were compiled, developed and shared at the block level Jan Samwads.
- **Organisation of Jan Samwads:** 6 block level Jan Samwads were organised in Darbhanga and Nawada districts (2 at Darbhanga and 4 at Nawada). Ranging between 125 to 250 people participated in the Jan Samwads including Civil Surgeon, District Immunization Officer, Regional Additional Director-Health, MOIC, Block Health Manager, Medical Officer, Block Coordinator- Jeevika, Child Development Programme Officer, Block Development Officer, elected Block Pramukh and the community. Key issues raised at the Jan Samwad were: (a) service provider seeking money for services and consumables, (b) irregular supply of contraceptives and IFA tablets, (c) unavailability of ANC equipment at the service delivery points, (d) rude behavior of health service providers, (e) non-operational health sub-centres, (f) unavailability and denial for ambulances and pathological services along with incidents of demanding money, and (g) delay and non-payment of JSY benefits, etc.

Post Jan Samwads, decisions were taken on the following: (a) procurement of ANC equipment, (b) action against service providers, who are seeking money for their services, (c) opening of health sub-centre, (d) use of 104 Bihar Government toll free number to report cases of denial, (e) ensuring free and regular pathological services, (f) procurement/regular supply of IFA tablets and contraceptives at the district/block levels, and (g) release of all pending JSY benefits within 3 months.

Key outcomes of the CAH process include: (a) installation of CCTV at Kawakol PHC for reducing incidents of seeking money for their services and staff rude behaviour, (b) supply of ANC kit to ANM for quality ANC services at VHSNDs and HSCs, (c) counselling on family planning and ANC services by the service providers, and (d) procurement of ANC equipment and examination table by VHSNC untied fund.

Activities during 2018-20

As part of the FY 2018-19 state Programme Implementation Plan (PIP), CAH processes were scaled up to 5 districts: Darbhanga, Nawada, Araria, Gaya and Samastipur covering 7,205 villages across 85 blocks. In the FY 2019-20, VHSNC strengthening processes have been initiated in 2 aspirational districts: Sheikhpura and Begusarai covering 1,539 villages across 24 blocks.

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	593.16	303.44	Activities approved: Activities approved for 303.44 lakhs under the head B14.6. 50% approved funds were subject to availability of funds.
2.	2016-17	73.73	49.70	Activities approved: (i) Health Action plans at state/district/block levels - state level workshops, DPC quarterly review meeting, monitoring of DHAP implementation by state, (ii) state level and block level-visioning workshops for 2045 RKS and PRI members of 41988 vigilance committees of VHSNC (one at state and rest at block level), and (iii) state level ToT for block level facilitators including health managers and hospital health managers.
3.	2017-18	20.25	12.25	Activities approved: (i) organisation of district and block level visioning and planning workshops; (ii) training for district and block level officials on CAH processes; (iii) strengthening of Block Planning and Monitoring Committees (BPMCs) and District Planning and Monitoring Committees (DPMCs), (iv) training for VHSNC members, and (v) organisation of Jan Samwads.

4.	2018-19	64.80	64.79	Activities approved: Rs. 1.30 lakhs approved for state level ToT and Rs. 12.17 lakhs approved for regional level ToT on VHSNC. Rs 51.32 lakhs have been approved for 3 district level TOTs, 2 district level refresher trainings, DPMC and BPMC meetings, Training of 100 % VHSNC members- VHSNC trainings at Nawada and Darbhanga Districts, Jan Samwads in 22 Blocks.
5.	2019-20	96.35	34.83	Activities approved: (i) Rs 2.15 lakhs for organising ToT for developing 50 master trainers; and (ii) Rs 32.68 lakhs for block level trainings.
	Total	848.29	465.01	