Programme Update on Community Action for Health in Meghalaya

Background

The community planning, action and monitoring (CPAM) for health programme was launched in the state in the FY 2010-11 when State AGCA and district, block and PHC level planning and monitoring committees were formed. Since 2011-12 onwards, NGOs were engaged at the state, district and block levels for implementing activities under the programme in 3 districts: Jantia[1], East Khasi and West Garo hills[2]. The members of the planning and monitoring committees at district and block levels; staff of the implementing NGOs and officials at district level were oriented on community monitoring. The first round of data collection on service delivery was completed in 2012-13. District NGOs facilitated the periodic review meetings of the planning and monitoring committees at various levels. The Voluntary Health Association of Meghalaya (VHAM) was identified as the state nodal agency to implement the programme. NGOs provided support till the FY 2015-16 in its full swing which was gradually reduced in FY 2016-17. It was a transition year from NGO led intervention to NHM supported CAH.

Scale of implementation

CAH process was piloted in 5 districts covering 135 villages for first three years. In its PIP for the FY 2014-15, the state proposed a three- year plan with scaling up of CAH in the entire state in a phased manner. But, it was not accorded approval and had to satisfy itself with small scale up in the existing blocks by increasing villages from 5 per PHC to 7 per PHC. The scale is continued till date as its attempt to scale up the process in all subsequent PIPs were not approved by the MoHFW. Meanwhile, during 2017-18, the state passed an Act "Meghalaya Community Participation and Public Services Social Audit Act, 2017" in which a decision was taken to conduct social audit of 27 schemes including health schemes, launched by various departments. Subsequently, a pilot was undertaken by the Meghalaya Society for Social Audit and Transparency (MSSAT) in 18 villages. Many issues were emerged from the social audit including

FY	Facilitation	Districts	Blocks	PHCs	Villages
2011-12	VHAM	3	9	27	135
2012-13	VHAM	5	9	27	135
2013-14	VHAM	5	9	27	135
2014-15	VHAM	5	9	27	189
2015-16	VHAM	5	9	27	189
2016-17	VHAM, BPM	5	9	27	189
2017-18	DCPC[3], BPM	5	9	27	189
2018-19	DCPC, BPM	5	9	27	189
2019-20	DCPC, BPM	5	9	27	189
2019-20 (SA)	MSSAT	11	13		2161
2020-21	DCPC, BPM	5	9	27	189

[1] In July 2012 Jantia Hills district was bifurcated in two districts, namely East and West Jantia Hills.
[2] In August 2012, West Garo Hills district was bifurcated to carve new district South West Garo Hills.
[3] DCPC- District Community Processes Coordinator

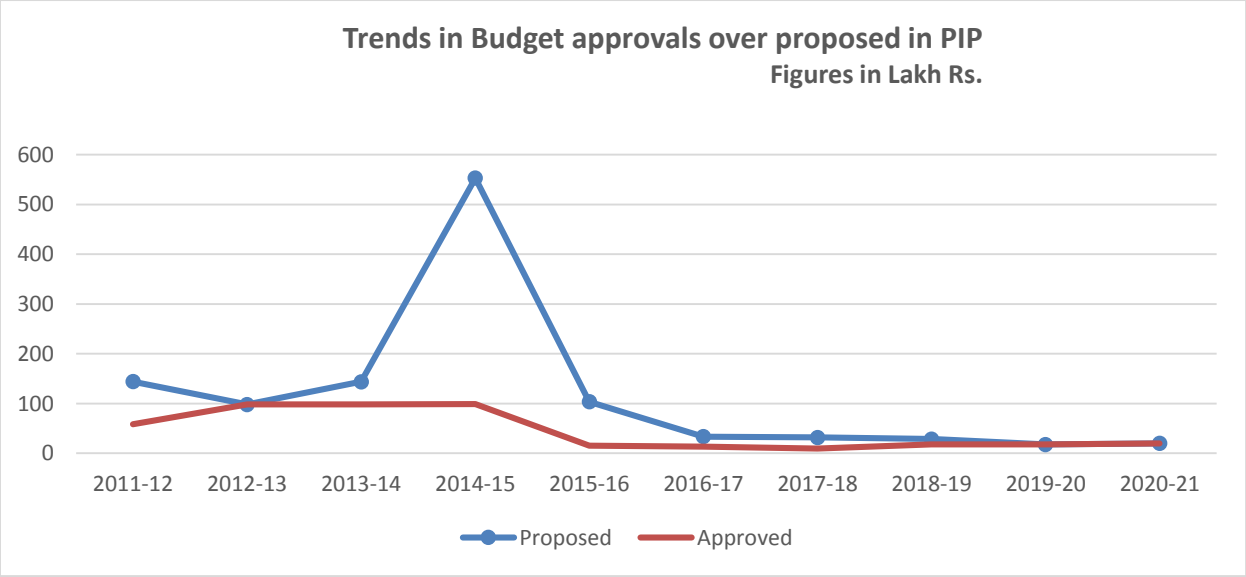
non-payment of JSY incentives, which were relevant for the entire state. As a result, the state adopted some policy decisions. One among them was releasing JSY incentives to the pregnant women when they discharge from the hospitals after delivery. Considering the scenario of the state and constraints in scaling up the community action for health, the state NHM and the AGCA Secretariat decided to collaborate with the state social audit unit (SAU) to undertake the social audit processes in all villages of Meghalaya as it had the mandate and the dedicated structure till village level. Subsequently, the state NHM in partnership with the MSSAT has undertaken the social audit of health services in 11 districts covering 2,161 villages across 13 blocks during the FY 2019-20.

Budgetary allocations

Meghalaya state had included CAH component in its first PIP for the FY 2010-11, which was not approved. The state requested MoHFW to reconsider the proposal. As the approval from the MoHFW received in September 2010, the envisaged activities were not undertaken in the FY 2010-11. Since then, the state has been planning and budgeting community action for health in the state PIPs every year. The amounts presented in the table are the amount approved for CAH component only (FMR code was B15.1 earlier and now it is 3.2.4).

			Figures in Lakh Rs.
FY	**Proposed**	**Approved**	**% Approved**
2011-12	144.05	58.09	40%
2012-13	98.17	98.17	100%
2013-14	143.53	98.17	68%
2014-15	553	98.71	18%
2015-16	103.36	15	15%
2016-17	33.38	13.36	40%
2017-18	31.89	9.3	29%
2018-19	28.68	17.68	62%
2019-20	17.68	17.68	100%
2020-21	19.88	19.88	100%

With reduced budget approvals, the state was compelled to look at other alternative strategies without the involvement of NGOs to implement the CAH processes.



Partnership with MSSAT

The Governing Body of MSSAT agreed the request of the state NHM on October 1, 2018 to conduct the social audit of health services in a phased manner in selected blocks across 11 districts. Followed this, the MSSAT along with state NHM finalised the checklist and trained 323 resource persons comprising State Resource Persons (SRPs), District Resource Persons (DRPs), Block Resource Persons (BRCs) and Village Resource Persons (VRPs) on social audit process. Started in May 2019, the first round of social audits was completed in 1,777 villages.

Key issues from the social audit process

- Mother and child protection (MCP) cards were issued to most of the pregnant women across the state.
- In most places, the health facilities need to be more responsive to people's needs.
- Low awareness level about JSY and JSSK schemes among the community in South Garo Hills and East Garo Hills.
- Many eligible women are not receiving Janani Suraksha Yojana (JSY) benefits for various reasons at Nonstoin block in West Khasi Hills and in West Garo Hills districts: (a) belonging to non-BPL families and not getting certification from the village head; (b) not completing mandatory ANC check-ups; (c) not having bank account; and (d) taking place delivery at home.
- The pick-up and drop facility for eligible women under the Janani Shishu Suraksha Karyakaram (JSSK) is not provided in North Garo Hills, East Garo Hills, South West Garo Hills, West Garo Hills, etc.
- Low awareness among adolescents on Adolescent Friendly Health Clinic (AFHC) resulting in low service utilization in West Khasi Hills.
- Rashtriya Bal Suraksha Karyakram (RBSK) is functioning well in most of the districts. However, health check-ups for school children under RBSK was not organised in North Garo Hills due to shortage of staff.
- Non-receipt of VHSNC untied fund to districts (East Khasi Hills, East Garo Hills, West Garo Hills) in the FY 2018–19.
- Facility-level gaps are still incomplete such as instances of dilapidated buildings, leaking roofs and irregular power/water supply at sub-health centres in West Khasi Hills.

Key Milestones		
Phase	**Timelines**	**Activities**
Initiation	July 2018	Meeting with NHM, MSSAT and AGCA Secretariat to explore partnership.
	August 2018	Request letter from Mission Director, NHM Meghalaya to MSSAT to conduct social audit.
	September 2018	Area of the intervention was finalised.
	October 2018	Governing Body of MSSAT accepted NHM's request in its meeting held on October 1, 2018 to conduct social audit.
Preparatory	October 2018	Draft checklist for social audit was prepared.
	January 2019	NHM finalised the checklist, which was printed by MSSAT.
Implementation	March-April 2019	Training was organised for 323 resource persons comprising 16 district resource persons, 47 block resource persons and 260 village resource persons.
	May-September 2019	First round of social audit in 1,777 villages of 13 blocks across 11 districts. ***Village level activities (1,777 villages)*** • Village contact and focused group discussions with different groups like women, adolescents, VHSNCs on health schemes and collection of their feedback. • Door to door contact and verification of the beneficiaries • Preparation of village level report cards • Village meetings were organised to share findings and incorporating inputs from the community • Finalise village level reports ***Block level (13)*** • Compile village reports at the block level • Organise public hearing at the block headquarters • Make presentation of the block reports and sharing of community concerns • Discussion and action on the issues/gaps. • Sharing the reports with the department on finalization. • Preparation of action taken report (ATR) by the health department.
Way forward	January 2020	• Sharing of social audit findings with Commissioner (Health and Family Welfare).
	March-April 2020	• MSSAT tested mobile app for conducting health social audit.
	May 2020 onwards	• MSSAT is awaiting for easing of COVID situation before taking up training and planning for social audits.

Engaging Community Voice into Health Service Delivery