SUMMARY OF ANNUAL REPORT

March 2010 - May 2011

COMMUNITY ACTION FOR HEALTH

HEALTH FOR ALL! NOW!!

Submitted by

COMMUNITY HEALTH CELL
EXTENSION UNIT, CHENNAI
[CEU]

SOCIETY FOR COMMUNITY HEALTH,
AWARNESS, RESEARCH AND ACTION
[SOCHARA]

Submitted to

STATE HEALTH SOCIETY
TAMILNADU

And

DIRECTORATE OF PUBLIC HEALTH
AND PREVENTIVE MEDICINE
GOVT. OF INDIA

INDEX

INTRODUCTION

The Central Government Of India launched the flagship 'National Rural Health Mission' (NRHM) in 2005. This was one of the most ambitious programs aimed at bringing about an 'architectural correction' in the health care system. One of the five 'pillars' of the NRHM was 'communitization' which was envisaged as the process by which communities came to own the health system. Towards this the NRHM planned a number of interventions like the village level Accredited Social Health Activist (ASHA), the untied funds at the Village level and the various committees at the institutions (the Rogi Kalyan Samitis (RKS) called as Patient Welfare Society (PWS) in Tamilnadu). One of the key components of this effort was the process of Community Monitoring and the evolution of Panchayat level Health plans. This was envisaged to help in the triangulation of information regarding the quality and the outreach of the health care services in addition to increasing the ownership of the system by the people and the accountability of the system to the people.

The Advisory Group on Community Action (AGCA) discussed this issue and came up with a proposal to first implement a pilot process to study the process, feasibility of various approaches / steps in the process. Towards this the Population Foundation of India and the Center for Health and Social Justice in New Delhi we selected as the secretariat and a Technical Advisory Group was formed. The Pilot project was implemented in 9 states including, Assam, Jharkhand, Orissa, Rajasthan, Chattisgarh, Maharashtra, Karnataka, Tamilnadu and Madhya Pradesh. In each state the project was implemented in between 3 to 5 districts and in each district in 3 blocks, with 5 PHCs being chosen in each block and 5 villages under each PHC.

In Tamilnadu, this was implemented in 225 villages spread over 5 districts. The districts that were chosen for the pilot phase were Dharmapuri, Kanniyakumari, Perambalur, Thiruvallur and Vellore. The project was implemented over a period of nearly a year and at the end it underwent as external evaluation.

A large scale dissemination of the projects process and achievements was hosted by the State Rural Health Mission and a Joint Learning Paper was authored by the Director of the State Rural Health Mission, the Director of Public Health and Preventive Medicine and representatives of civil society. The dissemination and the joint paper consolidated the learning's of the pilot phase both among civil society as well as in the public health system. Based on the feedback and consensus developed the broad contours of the first phase of the process (March 2010 – February 2011) were drawn up. The process was expanded to cover 14 complete blocks in the same districts – the number increased from 5 to 6 after Perambalur district was further divided into Perambalur and Ariyalur during the project period.

As part of the commitment the Tamilnadu government to this overall process a GO for a two year process was issued for the same.

STRUCTURE

STATE

Oversight & Mentoring	Organisation	Staff Support	System Support
•Governing Body •Implementors Commitee	•NODAL ORGANISATION	•Project Manager •Joint. Project Manager •Communication Officer •Accounts And Admin Manager	•State Rural health Mission Director, Tamilnadu •Director of Public Health & Preventive Medicine •NRHM Nodal Officer •DPH Nodal Officer

DISTRICT 6 nos

Oversight & Mentoring	Organisation	Staff Support	System Support
• District Mentoring Commitee	• District Nodel Organisation	• Consultant • District Coordinator • Accountant	• Depty Director of Health Services

BLOCK 14 nos

Oversight & Mentoring	Organisation	Staff Support	System Support
• Block Mentoring Commitee • Block VHWSC	• Block Nodal Organisation	• Coordinator • Animator	• Block Medical Officer • Block PHC's Staffs

PANCHAYATH 446 nos

Oversight & Mentoring	Organisation	Voluntary Support	System Support
• Village Health, Water and Sanitation Commitee (VHWSC)	• Block Nodal Organisation • Panchayath administration	• VHWSC Members • Community Volunteers	• Panchayat Elected members • Medical Officer • PHC'c Staff

Governing Body members

S. No.	Name	Professional Designation	Designation in Governing Body
1	Ms. Girija Vaidyanathan, IAS	Mission Director, State Health Society; Project Director, RCH Project.	Chairperson
2	Dr. Porkai Pandian, MD	Director of Public Health and Preventive Medicine, Government of Tamilnadu.	Member
3	Dr. Asha Oumachigui, MD	Retd. Professor Obs & Gyn, Jawaharlal Nehru Institute of Post Graduate Medical Eduation (JIPMER), Pondicherry	Member
4	Dr. Shanmuga Velayudham, PhD	Professor, Department of Social Work, Loyola College, Chennai	Member
5	Ms. Ranjani K Murthy PhD	President, Ekta	Member
6	Ms. Saulina Arnold	Executive Director, Tamil Nadu Voluntary Health Association	Member
7	Prof. V. R. Muraleedharan PhD	Professor and Head, Department of Humanities, IIT-M	Member
8	Dr. Rex Sargunam MD	Chairperson, Tamil Nadu Health Development Forum	Member
9	Mr. Ramanathan	Consultant, Trios	Member
10	Nodal Officer, State Health Society	Technical Officer, State Health Society; Nodal Officer, Community Action for Health Project	Permanent Invitee
11	Nodal Officer, Department of Public Health and Preventive Medicine	JD – Inspection, Nodal Officer, Community Action for Health, DPH office.	Permanent Invitee
12	Project Manager, State Nodal Organisation	Project Manager, Community Action for Health Project	Permanent Invitee

Implementers Committee Members

Consists of all the Heads of Nodal NGOs of State and District level, State project team members, invited members representing civil society.

Note: During the pilot process there was only one committee at state level, State Mentoring Committee. However based on feedback from external reviewer the oversight and decision/sanctioning authority was handed over to a project Governing Body [where no implementers are members] and a committee - the implementers committee (known as state mentoring committee) – contained with coordinators and planning of activities as its TOR.

SCOPE and PARTICIPATING ORGANISATIONS

District / Block	Nodal Organisation
Tamilnadu State Nodal Organisation	COMMUNITY HEALTH CELL EXTENSION UNIT, CHENNAI Society for Community Health Awareness Research and Action (CEU-SOCHARA)
Dharmapuri District Nodal Organisation	DHARMAPURI DISTRICT VOLUNTARY AGENCIES NETWORK INITIATIVE (DHVANI)
• Harur Block	Community Rural Development Society (CRDS)
• Nallampalli Block	Society for Environment, Economics Development (SEEDS)
• Karimangalam Block	Rural Development Society (RDS)
Kanniyakumari District Nodal Organisation	VOLUNTARY HEALTH ASSOCIATION OF KANNIYAKUMARI (VHA-K)
• Agastheeswaram	Voluntary Health Association of Kanniyakumari (VHA-K)
• Kurthencode	Voluntary Health Association of Kanniyakumari (VHA-K)
• Killiyoor	Tamil Nadu Science Forum - Kanniyakumari (TNSF)
Perambalur & Ariyalur District Nodal Organisation	CATHOLIC HEALTH ASSOCIATION OF TAMILNADU (CHAT)
• Perambalur Block	DAWN Trust
• Thirumanur Block	Udhaya Trust
• Andimadam Block	Gandhi Gramothiya Society (GGS)
Thiruvallur District Nodal Organisation	TAMIL NADU SCIENCE FORUM (TNSF)
• Minjur Block	Jeevajothi
• Gummudipoondi Block	Tamilnadu Science Forum (TNSF) -Thiruvallur District
Vellore District Nodal Organisation	D. ARUL SELVI COMMUNITY BASED REHABILITATION (DAS-CBR)
• Kaniyambadi Block	Tamilnadu Science Forum (TNSF) - Vellore District
• Kandili Block	D. Arul Selvi Community Based Rehabilitation (DAS-CBR)
• Pernampet Block	Science Education And Resource Centre (SERC)

HEALTH POSTS & ICDS

Districts	Blocks	No. of Panchayats		No. of PHC's		No. Sub-centers		No. of Aanganwadis	
		Block wise	Total	Block wise	Total	Block wise	Total	Block Wise	Toal
Dharmapuri	Harur	34	96	4	13	31	82	178	518
	Nallampalli	32		5		27		168	
	Karimangalam	30		4		24		172	
Kanniyakumari	Agastheeswaram	13	30	3	9	7	25	35	138
	Kurthencode	9		3		8		47	
	Killiyoor	8		3		10		56	
Perambalur	Perambalur	20	20	5	5	23	23	120	120
Ariyalur	Thirumanur	36	66	4	9	19	37	78	140
	Andimadam	30		5		18		62	
Thiruvallur	Minjur	56	117	5	8	28	56	217	399
	Gummudipoondi	61		3		28		182	
Vellore	Kaniyambadi	28	117	3	10	17	74	83	406
	Kandili	39		3		22		149	
	Pernambut	60		4		35		174	
6	**14**	**446**		**54**		**297**		**1721**	

ACTIVITIES

Preparatory Activities

The process of the formation / expansion of the Village Health Water and Sanitation Committees included the following steps.

(i) The animator visits the Panchayat and meets the panchayat president, VHN, teacher and other 'prominent' personalities and explains to them the concept of the process, the need for expansion of the VHWSC, the roles and responsibilities of the VHWSC and about the proposed project.

(ii) In the next step the animators visit each of the hamlets of the panchayat and hold meetings to explain about the process, the VHWSC, its roles and responsibilities and would ask the people gathered for volunteers for the committee or suggestions for names of persons that the people felt would be good choices.

VHWSC Formation

In the steps towards the finalization of the VHWSC for the particular panchayat the animator would do the following (i) In the next step the animator would meet each of the suggested persons / volunteers personally and explain the process. These names would be discussed with the prominent persons of the village, and (ii) in the final step one large meeting at the panchayat would be held to announce the names and composition of the VHWSC. This committee would be presented in the next “Gram Sabha” and it would be ratified.

VHWSC Orientation

Each of the VHWSC committees were oriented to NRHM, concepts like health rights and the overall process. A module was developed for the same which was used for the training. The following were the major topics covered during the orientation:

- INTRODUCTION
- HEALTH - SOME BROADER ASPECTS
  - RIGHTS
  - PARTICIPATION
- ANALYSIS OF HEALTH SITUATION TODAY
- NRHM AS A RESPONSE TO THIS - TO STRENGTHEN THE SYSTEM
- COMPONENTS OF NRHM

- COMMUNITY INVOLVEMENT
- INTRODUCTION TO THE PUBLIC HEALTH SYSTEM
    - DEFINITION OF COMPREHENSIVE HEALTH CARE
    - HSC / PHC / GH / DISTRICT HOSPITAL
    - AWW / VHN / HI / MO
    - GUARANTEES
    - SCHEMES
- CAH PROCESS
- ROLES AND RESPONSIBILITIES OF VHWSC MEMBERS.
- NEXT STEPS IN THE PROCESS.

Training for Monitoring

The training for the monitoring was a practical training. A module was developed for the same. It was expected that each animator be part of at least one pilot monitoring to gain practical experience after the training and then there was a consolidation of the experiences before beginning the training for the VHWSC members.

Monitoring Health Services at Panchayat level

The monitoring exercise was largely facilitated by the animators. However each of the animators made sure to have a few of the VHWSC members along with them during data collection. Also it was mandatory to involve people from that particular age group during the data collection, this ensured that the people collecting the data were interested and this was assumed to translated into better quality data and making the process more sustainable. The respondents and villages for data collection were chosen based on two criteria. i.e., villages situated near & far from health centers and based on castes.

Monitoring Facilities in PHC & HSC

For the facility survey visits were made to the relevant facilities and actual monitoring was done. The staff member of the health center including the doctors and the nurses were interviewed and the working of the institution was observed to fill in the tools.

Exit Interviews and Exit polls

Apart from the regular monitoring by using the tools and an exit interview and a simple ballot exercise was planned to give the persons using the facility a chance to express their overall feedback regarding their experience in the institution. This was greatly appreciated by all concerned.

Panchayat level health planning exercise

This exercise was based on the simple premise of discussing how services marked as 'red' by the people in the monitoring exercise could be transformed into 'green' over the next 6 months. During the planning exercise it was ensured that there was at least some representation from the public health system as a minimum the VHN and the AWW, the panchayat president, the VHWSC members and community members. Where ever the doctor was able to, the doctor also attended. During the meeting the animators first explained the Village health report card which was a consolidation of all the data of the panchayat. The animator would explain the whole process of collection of the data as well as of the consolidation. Once all the members present were fully aware of the process and what the colors meant, the animator would start discussing the individual dimensions of the services. For each of the red the possible reasons as well as the possible solutions. These solutions are then converted to commitments of actions from the necessary / relevant person. It was attempted that for all dimensions there should be some commitments from the people side as well as some commitments from the system side. This was aimed at bringing about an ownership of the whole process as well as avoiding a feeling of being targeted.

COMPLETION OF ACTIVITIES

No.	Activity	Dharmapuri	Kanniyakumari	Perambalur	Ariyalur	Thiruvallur	Vellore
1	Preparatory Meetings	96 (96)	30 (30)	20 (20)	66 (66)	117 (117)	117 (117)
2	VHWSC formation	96 (96)	30 (30)	20 (20)	66 (66)	117 (117)	117 (117)
3	Orientation of Committees	96 (96)	30 (30)	20 (20)	66 (66)	117 (117)	117 (117)
4	Training for Monitoring	5 days	3 days	5 days	5 days	5 days	4 days
5	Monitoring of Services	96 (96)	30 (30)	20 (20)	66 (66)	117 (117)	117 (117)
6	Exit polls	13 (13)	9 (9)	5 (5)	8 (8)	8 (8)	10 (10)
7	Panchayat level health planning exercise	96 (96)	30 (30)	20 (20)	66 (66)	69 (69)	117 (117)

Support activities

1. **State level Workshops:**
   a. Inauguration of CAH project and Vision Mission development workshop. March 17th, 18th, 19th , 2010. Dhyana Ashramam, Chennai.

2. **State level TOTs**
   a. Monitoring Tools Training – State level TOT. August 26th, 27th, 28th 2010. YMCA Centre, Kanniyakumari.
   b. Panchayath Health Planning – State level TOT. March 18th, 19th, 2011. Tamilnadu Tourism Guest House, Hogenakkal.
   c. Edata –SMS Training – All the animators were trained in sending Monitoring data to online system through cellphone SMS method.(Kanniyakumari | 28,29,30 Mar 2011, Dharmapuri | 7,8,9 Apr 2011, Vellore | 19,20 Apr 2011, Perambalur & Ariyalur | 25,26 Apr 2011, Tiruvellore | 5,11,12 May 2011)

3. **Preparation of monitoring tools**
   a. Tools development brainstorming. March 16th, 2010. T T Vasu Hall, Balamandir Kamaraj Trust, Chennai.
   b. Tools development workshop on August 2010 at Balamandir Resource Center, Chennai on May 11th and 12th 2010.
   c. Field visit to Nandivaram PHC, Guduvancheri, Saidapet HUD on 15th July 2010.
   d. Final Set of Tools contain: Sheet 0 – Consolidation & Planning, Sheet 1 to 2 – Basic Information of Panchayat & health Posts, sheet 3 – Immunisation, Sheet 4 – Aanganwadi, Sheet 5 – School health, Sheet 6 – Adolescent Girls Group, Sheet 7 – Maternal Service, Sheet 8 – Village Health Service, Sheet 9 – TB Service, Sheet 10 – Panchayat health Report Card, Sheet 11 – HSC Facility Survey, Sheet 12 – PHC Facility Survey, Exit Interview, Ballot Card – PHC level Polling sheet

4. **Preparation of manuals**
   a. Vision and Mission statement of the CAH as well as outcome indicators. [English / Tamil 8 pgs]
   b. Manual for VHSC orientation training. [Tamil 39 pgs]
   c. Monitoring manual for animators and VHWSC members. [Tamil 35 pgs]
   d. Manual for Village Health Planning for Animators and VHWSC members. [Tamil 18 pgs]

5. **State mentoring committee meetings (implementers)**

The state mentoring committee consisting in this phase of the implementers met on the following instances: April 27th, 2010 | July 19th, 2010 | October 30th, 2010 | January 20th, 2011 | April 26th and 27th, 2011

6. **Governing body meetings**
   The governing body of the project met on the following three occasions:
   July 20th, 2010 | January 21st, 2011 | April 29th, 2011

7. **Website**
   The official website of the project is at www.cahtn.in

8. **Cultural activities**
   The following are a brief description of the district level cultural activities done:
   a. Dharmapuri: Panchayat level street theatre / cultural program yathra.
   b. Kanniyakumari: A one hour program developed by a professional theatre group specifically for the process. A Compact Disc (VCD) of the performance was made and this was screened in all the project panchayaths.
   c. Perambalur & Ariyalur: Combination of street theatre and having couples day celebrations.
   d. Thiruvallur: Cultural Kalajatha with street play and Student's Rally on Health Theme at the panchayat level in both blocks.

❁ Other activities completed during the project period

- On June 16th 2010, the Project manager made a presentation on the outcomes of the pilot phase of the Community Monitoring and Planning project in New Delhi as part National dissemination of the pilot phase. This meeting was attended by representatives of all the states and officers in charge of the NRHM at the Central level.

- The work of the Community Action for Health project formed the basis of two modules in the (Masters of Public Health) MPH and (Masters of Applied Epidemiology) MAE courses of the National Institute of Epidemiology. This was during the Health systems module of the two courses. The case studies were presented by Ameerkhan and Rakhal Gaitonde.

- Ameerkhan also made a presentation on the CAH process at the National conference of Institutionalising social accountability practices: Methods, tools, Issues and Challenges. The conference was organized by UNNATI a group working in social accountability mechanisms which is based in Ahemdabad. One of the CEU team members presented the experience of community monitoring and planning processes

as a tool to bring accountability in health systems. Various form of tools, methodologies were also presented by various groups from a wide variety of sectors from across the country.

- Presentations at the National Bioethics conference. During the National Bioethics Conference held between the 14th to the 16th of November 2010, one of the CEU team members took part in two workshops. In one workshop CEU-SOCHARA along with RUWSEC arranged a workshop on "Experiences with community monitoring at different levels in Tamilnadu". In this workshop there were presentations on the Community Monitoring and Planning process CEU is involved in as well as the Review committee process as well as the Women's Voices process (where women discuss and comment on policy matters) of RUWSEC. In another workshop sponsored by the Ministry of Health on the learning and issues arising out of the Community Monitoring experience of the NRHM – a CEU team member made a presentation based on the experiences of Tamilnadu.

- A team which was part of the IVth Common Review Mission (CRM) which visited the state of Tamilnadu during December 2010 visited a village in Ariyalur district which was part of the CAH project and had an interaction with VHSC and PRI members on Community Action for health. They gave an overall positive feedback.

- Interaction with the Member Secretary of the Planning Commission on Community monitoring and planning. One of the team members was part of a civil society delegation which met the member secretary of the Planning Commission to push for the universalization of the concept of community monitoring in all social sector areas. In this interaction the CEU team member presented the experiences of Tamilnadu and highlighted the positive interaction with the public sector.

- A team consisting of two persons from the State nodal NGO team of Maharashtra which implementing the same project visited Tamilnadu between May 22nd to 26th 2011. They visited two districts and attended Village Health Planning exercises. They came to observe the village health planning process before they begin implementation in their state.

- The team members of the State Nodal NGO are supporting an NGO called RUWSEC which has a 6 bedded Reproductive Health Clinic to develop a model of a facility based review committee along the model of the Patient Welfare Society (PWS). This process has been going on for the last year.

OUTPUTS AT A GLANCE (STAGE WISE)

VHWSC formation:

1. A total of 446 panchayaths covered in 6 districts and 14 blocks of Tamilnadu.
2. These panchayaths consist of 3752 hamlet villages from which the VHWSC members are drawn.
3. In this area we have covered 54 PHCs and 297 sub-centers and 1721 Aanganwadi centers.
4. The project has expanded the VHWSC committees in all the 446 panchayaths.
5. On an average each expanded committee had about 12 members each.

VHWSC orientation

1. 446 panchayat level VHWSCs were oriented about NRHM and the communitization process during the first year of the project.
2. Nearly 1200 of these VHWSC members underwent a more intensive 7 day orientation and training program at the block and district level.

Monitoring of Panchayat level services and PHCs and Health Sub-centers

1. Monitoring of Panchayat level services done in 446 panchayaths.
2. Facility level monitoring done in 54 PHCs.
3. Facility level monitoring done in 297 Health Sub-centers.
4. A total of 446 panchayat level report cards evolved.
5. Nearly 1,30,000 individuals met as individuals / groups during the filling in of the tools.
6. Exit polls conducted outside all 54 PHCs based on the concept of secret ballot.

Panchayat level health planning exercises

1. Panchayat level planning exercises completed in 380 (out of 446) panchayaths. During these exercises the planning meeting was attended by VHWSC members, Medical officers, VHNs, Health inspectors, Panchayat Presidents and community members.
2. A total of 380 Panchayat level action plans evolved with suggestions at 5 levels.

OUTCOMES

VHWSC formation

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Developments & Innovations during the first year of the project

- In one of the blocks a federation of all VHWSC committee members at the block level was created and a special training program was arranged for them. It was found that

this group, which met once a month showed a great interest in the overall activities of the project and took a lead role in in mobilization and organization of meetings. During the planning meetings especially, they took a lot of interest and lead in the proceedings. It is hoped that this model may offer a possible solution to the long term sustainability of the program. [Thirumanur Block].

- In three blocks in two districts, Thiruvallur and Ariyalur, the monitoring teams (both the NGOs and the members of the VHWSC, were invited to attend the regular review meetings at the PHC level. This created a regular forum for the exchange of views and for presenting feedback in an institutionalized setting. This experience provides a model for institutionalizing the whole process and making the interest in it from both the system side as well as the community side more sustainable. [Gummudipoondi and Minjur in Thiruvallur district and Thirumanur in Ariyalur district].

- In one of the blocks a PHC had 8 Panchayaths under it. Despite the doctor being interested, he could not attend even one of the planning workshops due to lack of time. To make up the doctor agreed to call a meeting at the PHC level where all the VHNs, the AWWs, HI, PHC staff including the doctor and representatives from each of the Panchayaths and all the Panchayat presidents were invited. At this meeting the panchayat plans from each of the Panchayaths were presented and discussed. Given that all the staff were present this turned out to be a good forum to discuss the actual implementation of the plan in great detail. This gave a lot of clarity to both the public health system staff as well as the VHWSC members. Also the involvement of the Presidents who attended and the federation members showed a lot of promise and hopefully this forum will be useful in detailed planning and long term follow up of the plans. This can also form the nidus of the PHC level monitoring committee that is envisaged by the NRHM. [Thirumanur Block].

- One of the very interesting innovations in terms of running the Village health planning exercise was the use of large wall mounted charts with the 'A' sheet of planning entered in. The action plans were entered on to this chart. This was transparent, all people could see what was being written and could thus participate and this led to more ownership of the whole process. Similarly there was a readymade and corrected report ready the moment the meeting was over. [Kanniyakumari district].

- While the decision to have an exit poll where people voted for their overall experience of attending the PHC itself was a good innovation in the monitoring process. One district arranged it in a very coordinated and systematic way. They arranged for the polls simultaneously in all PHCs in the districts. Had independent poll observers, created poll booths to ensure privacy and gave a lot of media coverage. This led the system to take the process very seriously. This also gave a lot of energy to the team itself. In fact the PRI representative at the district level particularly used the

results during his interactions with the district level public health officials. [Dharmapuri district].

- In one of the blocks we noticed a very healthy and encouraging trend. We found that many of the present animators were intact members of the VHWSC during the pilot phase. They had become some interested in the process, and were so well trained in the pilot phase that they were easy and obvious choices when it came to taking on animators in the present project phase. [Kandili block, Vellore district].

- One of the major problems during the pilot phase that the entering of the data from the 225 monitoring tools (in the pilot phase) took an enormously long time and this led to a great deal of delay in the analysis. This time the project has decided to use cell phones to transmit the data through the SMS option. This has led to a huge reduction of time for data entry, reduced the cost as well as created a sustainable option for data collection at a state wide level. This is being tried for the first time in the country and we hope that this experience can have a number of spin off benefits. [State nodal NGO].

- The inequity index is another innovation. In the pilot phase Tamilnadu was the only state which had an inequity index and now in the present phase too, we are the only state in the country that is collecting data disagreeable by caste. [State nodal NGO].

- The planning process itself – where communities use a worksheet to evolve the Village level action plan is itself a model that needs to be studied and evaluated. Using components from a number of earlier attempts at planning this worksheet / process ensures that all stakeholders opinions as well as commitments are recorded. In this way the planning process becomes a way of increasing cooperation among the people and the system with no group feeling targeted. [State Nodal NGO].

- One of the aspects which the experience during the pilot planning process was that there was a need to develop the facilitating skills of the animators. This we felt was in fact as important as the knowledge of animator. Thus the project team developed a three hour module on developing facilitatory skills for the animators. [State Nodal NGO].

Finance

Sl. No.	Details	Amount (Rs)
1	**Budgeted Grant for the Period March 2010 – May 2011**	
1a	Personnel	35,04,000
1b	Administration	23,04,000
1c	Activities	69,33,150
	Total	**1,27,41,150**
2	**Grant Received for the Period March 2010 – may 2011**	
2a	Advance for Preparatory Activities on 21.12.2009	85,000
2b	1st Tranche on 27.04.2010	37,27,900
2c	2nd Tranche on 25.09.2010	31,72,250
2d	3rd Tranche on 03.03.2011	29,88,500
2e	4th Tranche on 25.05.2011	27,67,500
	Total	**1,27,41,150**
3	**Less Utilisation of Expenditure for the Period March 2010-May 2011**	**1,11,35,943**
4	**Balance Amount as on 31st May 2011 with the project after reconcile**	**16,05,207***
4a	With Bank (after reconcile)	15,99,628
4b	With Cash	5,525
	Total	**16,05,207***

* Detailed financial audit +-statements and the UC etc. are being submitted separately.

Administration

STAFF APPOINTMENT

State Project office *District & Block*

Post	***Filled***
Project Manager	Yes
Joint Project Manager	Yes
Communications Officer	Yes
Accounts Cum Office Manager	Yes

District	District Coordinator	Administrator	Block Coordinator	Animators
Dharmapuri	1 (1)*	1 (1)	3 (3)	21 (21)
Kanniyakumari	1 (1)	1 (1)	3 (3)	6 (6)
Perambalur	1 (1)	1 (1)	3 (3)	17 (17)
Thiruvallur	1 (1)	1 (1)	2 (2)	23 (23)
Vellore	1 (1)	1 (1)	3 (3)	23 (23)

- Number in bracket indicates the number of posts sanctioned.

Administrative Support Activities

- There was a workshop held for all the District Coordinators and the accountants in August 2011 during this workshop the basic requirements for the submission of accounts statements and reports were discussed.

- The Office cum Accounts manager made a few field visits to some of the NGOs to help those who needed the support.

  SOCHARA organized an in depth review of NGOs between February to April 2011 During this the Treasurer and the Administrative Officer (during the first part) and the Administrative Officer and the accountant in the second part made a detail review of the accounts of the partner organizations. Each of the organizations also made presentations of their activities and met with the Secretary of SOCHARA. Base on these findings detailed reports were made for each district and these reports were shared with each district for them to take action. The findings of this review were discussed in detail state mentoring committee (implementers) held on the 26th and 27th of April 2011 as well as the Governing Body. Based on this it was decided to have another detailed workshop for all the admin teams in the near future at the beginning of the next year.

TASKS CARRIED OVER TO THE NEXT YEAR

Due to the elections and election process that covered the months of April and May there was a delay in the completion of all the activities that were originally envisaged by the project. This was discussed by the governing body during its 2nd and 3rd meetings and it was resolved to carry over these tasks to the next year and use the unspent funds for the same. The following is the list of activities that are being carried over to year 2.

- **State level:**

1. Dissemination of the findings of the project and the project process.
2. Final reports both technical and financial.
3. Documentation of case studies.
4. Displaying of Panchayat level health plans that were evolved during the planning process.
5. News letter.
6. Activities for the Animators including getting their feedback.
7. Planning for a needs assessment and capacity building for the project staff in preparation for the next phase.

- **District level:**

1. Finalization of the reports both technical as well as financial.
2. Dissemination activities of the health plans evolved.
3. Consolidation of Panchayat Health Plans

- **Block level**

1. Finalization of the reports – both technical and financial.
2. Dissemination of the health plans.
3. Panchayat Health Plans consolidation at PHC level sessions.

ANNEXTURES

- **Government order**
- **Vision Mission**
- **Monitoring Tools**
- **Training Manuals**
- **Monitoring Data Set**
- **Photos**
- **Paper Clippings**
- **Videos**
- **References**

Level	Total Grant Amount as per MoU budget	Total amount disbursed in 4 tranches during the project period	Total amount utilized during the project period	Balance Un-utilised amount as on 31st May, 2011	Audit Status for project period
State Project Office	29,36,400	34,86,151	21,44,236	13,41,915	Pending
Dharmapuri	20,96,450	21,69,961	19,90,011	1,79,950	Completed
Kanniyakumari	14,30,250	13,62,620	13,52,276	10,344	Completed
Ariyalur & Perambalur	19,46,950	19,40,870	19,00,242	40,628	Completed
Thiruvallur	22,16,050	16,81,503	16,77,388	4,115	Pending
Vellore	23,16,050	20,15,045	19,71,131	43,914	Completed
TOTAL	1,27,41,150	1,27,41,150	1,10,35,284	16,20,866 *	Pending