

SOCIETY FOR COMMUNITY HEALTH AWARENESS RESEARCH AND ACTION (SOCHARA)

COMMUNITY ACTION FOR HEALTH (CAH)

ACTIVITY REPORT FOR THE PERIOD JANUARY TO MARCH 2012

MILESTONES

	FIRST QUARTER*	SECOND QUARTER#	THIRD QUARTER	FOURTH QUARTER
	Jun to Aug'11	Sep to Nov'11	Dec'11 to Feb'12	Mar '12 to May'12
STATE LEVEL	Workshop to develop accounting guidelines	Implementers meeting(1)	Sensitization of service providers & PRI members	Implementers meeting (1)
	Dissemination of Health plans	Newsletter (1)	Governing Body meeting(1)	Refresher training for Block & district coordinators
	Refresher training for coordinators	Governing body meeting(1)	Implementers meeting (1)	Governing body meeting (2)
	Website updated	Refresher training for Block & district coordinators	Newsletter (1)	Tools for Monitoring and Planning
	Sensitization of service providers & PRI members	Animators workshop	Dissemination of plans	
		Tools for monitoring	Refresher training for Block & District Coordinators	
		Documentary on CAH preparatory work		
DISTRICT LEVEL	Refresher training for animators	Refresher training for animators	Refresher training for animators	Mentoring committee meeting
	PHC level planning	Cultural program	Dissemination of plans	Sensitization for Panchayati Raj system representatives
	Mentoring Committee meeting	Mentoring Committee meeting	PHC level planning	
	Dissemination of		Mentoring Committee	

	first phase		meeting	
	Panchayat Health Plan (60)		Sensitization for Panchayat members	
BLOCK LEVEL	VHWSC meeting (2)	Refresher training for VHWSC	Planning one round	Monitoring second round
	Block level federation formation activities (1)	One round monitoring	Block level federation meeting	Planning second round
		Block level federation meeting	Plan dissemination	Dissemination of planning
		VHWSC meeting (3)	VHWSC meeting (1)	Block level federation meeting
				VHWSC meeting (1)

Abbreviations: PRI (Panchayati Raj Institutions), PHC (Primary Health Centres), VHWSC (Village Health Water and Sanitation Committees),

Report of Activities during the Reporting period.

Sensitization to Service Providers and PRI

The CAH process aims to activate community level accountability, planning and action mechanisms to strengthen the public health system. Towards this the VHWS committees are strengthened and oriented. They collect information from the various groups of people who use the public health services and evolve the Panchayat level report card. The main thrust of the process is to use this report card to guide community led action for health. For this action to be truly meaningful it needs the cooperation of a number of different groups of people most importantly the community, the representatives of the Panchayat and the public health system. It is important in this context that these groups also understand the vision of the process in detail. It is with this in mind that the process has planned sensitization of service providers like VHNs, Medical Officers and the Anganwadi workers, as well as the representatives of the Panchayat. These meetings took place at the district and block levels and were attended by the team members from the state office. In total 10 meetings took place in the reporting period in 4 districts (one district was not able to fix convenient dates and will be conducting them during April-May 2012). The meetings include Medical Officers and Village Health Nurses (VHNs), Anganwadi workers and PRI members as the audience.

Refresher Training for Block and District Coordinators

The Block and District Coordinators of the project are the back bone of the process. We had planned regular refresher trainings for these cadres. This time round the refresher training was held on the 28th and 29th of February at the TNVHA training center at Potheri. During this two day workshop the following topics were discussed.

1. Status of VHWSC
2. Contribution of the community monitoring process on creating awareness about the entitlements of the people
3. Effectiveness of people led health planning in bringing changes within the public health system
4. Core staff members' capacity to take forward the process
5. Supportive structures created within and outside of CAH process to build civil society coalition
6. Administrative and management capacity of the nodal organisation to effectively implement the process.

All the topics were discussed with the help of a key set of questionnaire to judge the path and progress of the process towards reaching its vision. All the 14 block coordinators, the 5 district coordinators and NGO representatives attended the training.

Dissemination of Plans

As SOCHARA believes in the combined strategy of grass root level action along with policy level interventions, the CAH process also gives serious attention to this strategy. This is not only to orient them to the process but is seen also as a form of professional networking.

Meeting with state level senior bureaucrats of Health system

On 24th December'11 and 17th February'12 Rakhal and Ameerkhan met Mr.Pankaj Kumar Bansal I.A.S., Project Director NRHM. The team introduced the process to him after he took over the portfolio in November 2011, they also met him to discuss the expected policy level actions required to support and sustain the CAH process and enable its potential to strengthen the health system. On 17th March'12 Ameerkhan and Rakhal met the Tamilnadu Health Secretary Ms.Girija Vaidyanathan to update her on CAH process. The team had detailed discussion on the vision of the government with regards to the future structures to be developed to sustain the community led processes in health field.

Meeting s with Deputy Director of Health Services (DDHS)

On 31st January and 29th March'12 Ameerkhan and Rakhal met Dr. Vijayalakshmi, DDHS of the Dharmapuri respectively. On 13th February'12 Ameerkhan met Dr. Ayyanar, DDHS of Thiruvallure district at Thiruvallur. Both these meetings were aimed at reiterating some of the points already communicated to them by the district teams, emphasizing some of the system level changes required and also urging the embedding of such community processes within the overall health system.

In addition the teams from Dharmapuri and Thiruvallur met with the DDHS a number of times.

Meeting with District collector

On 28th March'12 Ameerkhan met Kanniyakumari District Collector Mr. S. Nagaraj and had detailed discussion on CAH process and other health system related issues of Kanniyakumari. This meeting was a chance for us to orient in detail the highest administrative officer in a district; it also gave us a team to understand his perspectives and priorities. Such meetings will help set the stage for the positive changes throughout the district and not restricted only to the three blocks where the CAH process is taking place.

In addition this reporting period the team from Thiruvallur met with the Collector on 24th April 2012.

Sensitizing the Members of the TN Legislative Assembly (MLA) of Tamilnadu

The CEU team took special attention to meet and orient the MLAs elected from the CAH project area who have so far showed an interest.

On 31st January'12 Mr.Ponraj, MLA of Ponneri visited CEU office and interacted with the team. On 09th March'12 Rakhal and Santhosh met Mr. Sekar, MLA of Gummidipoondy constituency of Tiruvallur district. During the meetings the team members oriented them to the overall vision and processes of the CAH process. Subsequently the team has sent them material and write ups as requested by them in preparation for questions and deliberations on the floor of the house.

In addition the district teams in Vellore (in Kandili and Pernambut) as well the team from Thiruvallur (in Minjur and Gummidipoondy) met with their respective MLAs on a few occasions to bring them up to date regarding the CAH processes.

Implementers meeting

On the 20th January the Implementers met at Chennai for a meeting to review the process so far. In addition the group also discussed the plans for the next phase and contributed to the evolution of the concept note for the next PIP. The impact of the process and need of continuation of this process were listed out. Based on the discussion the impact of the process were classified into two broad categories, one is development of local level leaders, critical mass and another one is that the health system has become responsive to the people's voice and need.

Governing Body The Governing body meeting is proposed to be called in May 2012.

Preparation of tools for third round monitoring

The tools for the third round of monitoring were finalized after consultation with the district and block level partners. It was decided to complete the services that were not done in the December 2011 round of monitoring. In addition it was decided to do monitoring for the Maternal Health services again, but this time adds the deliveries that took place in the private sector. As per this decision the following services will be monitored:

1. Antenatal, Delivery and Post-natal services in the public health system as well as private sector.
2. Immunization services.
3. School Health Program.
4. Village health services (except transparency questions covered in December round).
5. Facility survey @ PHC and HSC.
6. Exit polls PHC & GH wise.

DISTRICT & BLOCK LEVEL ACTIVITIES

Refresher training for animators

The animators played the role of facilitators during the December 2011 round of monitoring. It was decided that now the animators need to play the role of facilitators of the community processes more actively in order to move towards sustainability of the process. Towards this the project decided to have a series of refresher trainings for the animators with the idea of further developing their mentoring and facilitating skills. These were held at the district level and were attended by members of the state team.

S. No	District	Date of Animators training
1	Dharmapuri	27 & 28 March 2012
2	Kanniyakumari	13, 14, 15 March 2012
3	Perambalur	07 March 2012
4	Thiruvallur	5 rounds 29, 30 March & 2, 3, 4 April 2012
5	Vellore	27 th March 2012

Sensitization of Panchayat representatives

This activity has been clubbed with the state level activity and described in detail there.

Consolidation of monitoring data

In this current phase of CAH process SMS technology is used to centralize the data for further use of the data. During the reporting period the animator of the project sent the second round monitoring data to the central server through SMS and the analysis of the data is in process.

VHWSC meeting

After the second round of monitoring held in December 2011, the VHWSC committees met to discuss the findings and discuss the follow up of the plans. This meeting of VHWSCs are now being held regularly at the *panchayat* level in all the project villages, and are being attended in a large number of instances by the Village Health Nurses. Each district has had three rounds of VHWSC meetings, with Vellore and Thiruvallur reporting 4 rounds of meetings. In total 1451 VHWSC meetings were facilitated by the CAH process in 446 *Panchayats* of the project area. In each of these meetings issues related to health were discussed and also the preparations for the next round of monitoring were done.

Block / PHC level Federation Meeting

As discussed in the last reporting period there were a number of preparatory activities for the formation and activation of the Block level federation of the VHWS committees. In this reporting

period all the districts units held block level federation meetings. This helped a great deal in getting the general administration interested in the process and provided a unique forum for inter-sectoral coordination activities to take place.

S. No	District	No. of Block / PHC Federation meetings
1	Dharmapuri	5
2	Kanniyakumari	1 (includes all three blocks)
3	Perambalur	6
4	Thiruvallur	2
5	Vellore	12

PHC level planning meeting

In all the 8 PHCs of the Gummidipoondy and Minjur blocks of Tiruvallur district a meeting was organized in which the health system staff, ICDS employees, PRI members, VHWSC members along with community members were brought together to discuss the activities of PHC and Health Sub Centre (HSC). The meeting was useful to discuss the positive aspect of the services, the areas required improvement and also the systemic issues of the health system in a transparent manner and to understand each one's role to improve the functions of health system.

District Mentoring Committee meetings

The district mentoring committee is aimed at being the primary body for the long term oversight and guidance of the process. An active district mentoring committee is one of the key functional structure and mechanism for long term sustainability.

S. No	District	Mentoring Committee meetings
1	Dharmapuri	30 th January 2012
2	Kanniyakumari	19 th January 2012
3	Perambalur	02 February 2012
4	Thiruvallur	13 th February 2012
5	Vellore	9 th February 2012

HIGHLIGHTS OF THE ACTIVITIES OF THE REPORTING PERIOD

Among the highlights during the reporting period were the following:

- Beginning of the rounds of orientation programs to the government staff including the Public health department staff, Aanganwadi center staff and the PRI officials.
- Contacting and building rapport with the officers of the public health department and the general administration at the District level, through meetings with the DDHS and the District Collectors.
- Consolidation of the Block federation committee and the process.
- Trainings and further capacity building of the staff of the project.
- Training of the VHWSC committee members in preparation for the third round of monitoring to begin in April 2012.
- Preparation of tools for 3rd round monitoring.

LEARNINGS

- The feedback received from the various animators and the block and district level NGOs about the performance of the VHWSC committee members with reference to their ability to collect the data for the community monitoring round using the evolved tool was very encouraging.
- In addition to the feedback from these sources, the state team requested its members to conduct a participant observation study in some of the key districts. This study highlighted the fact that while the committee members were competent and capable of doing the monitoring and were well aware of the health system and the entitlements, there were still gaps in the conceptualization of how to plan action from this data collection. This led to the recognition of the need for a deeper capacity building for the animators who would in turn support the individual committee members.
- The enthusiastic support and interest received from the officers of the general administration as well as the Members of Legislative Assembly in some of the blocks is very encouraging. These points to systemic support for long term sustainability as well as clear avenues for the development of inter-sectoral forum for action.

CHALLENGES

- It is critical for the committee members to see the larger design of deepening democracy and health system strengthening, and not seeing this merely as a regular survey. Thus a more in depth understanding of the health system and the linking of this data / understanding to action at various levels to strengthen the system is crucial.

- In meetings after meeting the health system staff is discussing the systemic constraints of their work. Thus persistent vacancies, deputation of staff from remote areas, covering populations clearly over the norms, huge administrative burden and extremely unrealistic target settings and hierarchical functioning of the health system are some of the major systemic factors invoked by the peripheral health workers. Unless these are effectively addressed such processes as community action will merely increase the frustration of the health workers.
- Another challenge is to involve the community at a larger level in the whole process. Still the understanding of the process is limited to the project staff, about 4 to 5 VHWSC committee members per panchayat as well as the Panchayat presidents, ward members and public health staff at the panchayat level. It is critical for this process to be more widely known for it to be sustainable and effective in achieving its aims.

SOCHARA

7th May 2012