

**SOCIETY FOR COMMUNITY HEALTH AWARENESS RESEARCH AND ACTION
[SOCHARA]**

COMMUNITY ACTION FOR HEALTH

Annual Report
April 2012- March 2013

Report Submitted to
STATE HEALTH SOCIETY

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PART I

STATE LEVEL ACTIVITIES

1. CAH implementers meeting

The implementers' meeting was held on 7th June 2012 with the objective of sharing of activities by each districts and planning for the no-cost extension period. The consultants and district coordinators participated in the meeting and shared the process of CAH carried out in each districts with their innovations etc. The planning for the no cost extension period was also done with the time line. The meeting minutes are available with the state nodal team.

2. Governing Body meeting

The Governing Body meeting was held in the month of July the 13th in DMS annex. Shri Pankaj Kumar Bansal IAS, NRHM Project Director and the chairperson of the Governing Body presided over the meeting along with the representatives of the State Health Society and with the other distinguished members of the Governing body. The State nodal team reported the activities held between January and July and shared the emerging lessons with the members. Plans for the next year expansion phase were also discussed and the minutes are available with the State nodal organization.

Summary of the Resolutions taken by the Governing Body are as follows,

1. The members resolved to pass the minutes of the last governing body meeting held in April 2012.
2. The Governing body resolved that the project would continue, and that the details of the form and the strategies would be worked out based on the suggestions of the committee formed for this purpose.
3. A committee consisting of Dr. Kolandasamy, Dr. Prabhu Clement, Prof. Shanmuga velayudham and Prof. Ranjani K Murthy, was formed for the purposed of going through the proposal and budget and giving their suggestions.
4. The governing body allowed any expenditure on the final dissemination workshop and related activities to be made after July 31st 2012 as this had to follow the external review.
5. The governing body resolved to go ahead with the external review as proposed. It agreed that all expenditure related to the review be allowed beyond July 31st 2012.
6. The Governing Body resolved that the committee appointed by Shri Bansal, representatives of the SHS and SOCHARA will prepare a detailed plan for the implementation, institutionalization, inter-sectoral coordination and expansion of the process.

3. CAH animators Retreat Programme

The state nodal team organized a retreat programme for the CAH staffs at Udthagamandalam from 5th July to 7th July 2012. Totally 123 participants from six districts which includes the CAH project staffs (animators), district consultants and guests participated in the two day event. The venue of the programme was Multi-purpose Social Service Society, Ooty. Mr. Selvaraj, MNI steering committee member inaugurated the convention and during the meeting he shared the status and difficulties of tribal people to access the Health facilities and also shared about the ecosystem degradation and its impact on Human life in the Nilgiri district.

The overall objectives of the meet were:

- To share the overall team learning experience from the project and beyond (own field experiences).
- To showcase individual skills and experience.

Thiruvallur district team developed a short film about the CAH initiatives. The film captured and projected the perspectives of community members, PRI, health system personals and project staffs. The film showcased effectively the various components of the process including its potentialities to impact the health of people as well as the challenges faced in the process.

An Exhibition was displayed by Dharmapuri district containing their reports, registers, photographs, and other related documents of the CAH activities. And this was inaugurated by Fr. Arokiasamy, the Director of Udthagamandalam Social Service Society. The exhibition highlighted both the range of activities that were undertaken by the project as well as the importance of proper documentation of this work which was well done by the Dharmapuri team.

Kanyakumari team enacted a play wherein they came up with their experiences had throughout the project. The field reality was established in the play and other team members from various districts shared similar experiences and discussed about the issues they encountered when implementing the activities.

Dr. Chandra stressed on the objective of the CAH project and complimented the animators and coordinators who are the pillars of the project. She added that the CAH staffs acting like a vehicle to take these CAH initiatives to the community at large. It was indeed inspiring to her Dr. Chandra who is one of the foremost pediatricians in the state.

The animators from Perambalur district presented their activities with a power point presentation. The sharing was done in a participatory form in which the other districts clarified their doubts regarding the CAH initiatives undertaken by the Ariyalur/Perambalur team. The team explained about their difficulties they gone through in carrying out each activity and relationship that emerged with the health system and with the PRI was well discussed with the gathering. They also reflected on their improvements and gaps.

Vellore team enacted a skit prepared by them. The coordinators and block animators shared their experiences in an interactive way. Their achievements were also presented through the activities done. The empowerment of the staffs through skill development was also discussed. The happenings in the block-federation meetings were also discussed.

4. Workshops and training programmes- *as part of the CAH process*

A workshop was conducted in the month of October 9th and 10th at Citadel, Kilpauk, Chennai for a collective reflection by implementers and community members. The district and block NGOs as well as selected committee members, PRI representatives and special invitees attended a two day reflection on the CAH process. During this workshop the group reflected on the various components of the CAH process and on what actually happened at the field level and what needs to be done in the next phase to strengthen that particular component. The CEU team developed a background paper in the form of a series of questions to guide and focus the discussions.

The following are the topics under which productive discussions took place.

1. Formation of VHWSC committee
2. VHWSC- monthly and orientation meetings
3. VHWSC- monitoring training and tools
4. Village health planning
5. Community action for health

Ms. Girija vidhyanathan, the former health secretary was a special guest invited for the event where she appreciated the tasks carried out by the community members. She said it is a major concern and challenge to expand the idea of monitoring and planning to the whole state and it is the health department which has actually pioneered this huge community led process. She asked the community people to share and give ideas from their experience as the department is dependent on it. She further put forth questions like how to generate people/ identify the voluntary person within the panchayat, what will be the role of the civil society, how the panchayat structure should be, the scope of integration with other existing structure/departments, what kind of a structure could be ideal to do work, any opportunity to do through the health department and so on. She also suggested seeking out space to work jointly with the rural development, and to find overlapping structures if possible.

The detail report and minutes of the two day workshop is available with the State nodal team.

Other training programmes conducted by the team:

Support to district organization in training of staff and community members in CAH process. Apart from the training programs organised by CEU team the district level organizations also organize various training programs for their staff. All the CEU team members take part in such training programs and contribute to the trainings and sensitization programs.

The CEU team on 03rd & 04th April conducted training sessions for Thiruvallur district team. There were 32 participants attended the session on each day. The training was focused on self reflection and on life journey. An exercise was conducted to build bonding and relationship beyond caste feeling among the animators.

Dr. Rakhal conducted a training program on 23rd April for 30 participants of staff and NGO directors from Dharmapuri district. On 24th May Thelma had facilitated a reflective session for the Vellore district coordinators. On 21st June Mr. Ameerkhan conducted training for the entire Thiruvallur team of 32 members. On 22nd June Mr. Santosh had attend a sensitization program for 25 members of the Perambalur and Ariyalur districts.

5. Sensitization to Health system Staffs and elected representatives on CAH process

Dr. Thelma had met Kandhili block president and vice president on 23rd May. During the meeting she emphasized on the role of elected members in improving health and maximizing the communitisation efforts (community involvement) in CAH project beyond the monitoring activity. On 18th May, Mr. Ameerkhan facilitated a sensitization meeting for Thiruvallur district health system staff in which 25 ANMs are attended and on 30th April he took session for the Panchayat presidents and VHWSC members of Dharmapuri district in which 154 members were attended. On 25th May 2012 Mr. Ameerkhan took a training program for the medical officers of Tiruvallur district.

The CEU team on 21st and 22nd December 2012 facilitated two day training for volunteers of PWN+ in their office in Chennai. This training focused on the Community Action approach and dealt with concepts of Health as a Human Right, Accountability and Governance, Community Participation and a deeper understanding of the Health system in Tamilnadu.

Dr. Rakhal facilitated a session on the Community Action for Health approach for a group of national level program managers of World Vision on the 19th of March 2013. The session was aimed at raising the awareness of the group on the Community health and Community action approach. This was part of a proposed ongoing interaction of the CEU team with the World Vision team. Further meetings to help the nutrition team to evolve a strategy based on community action are slated later on.

Mr. Ameerkhan visited Kenya between 18th and 22nd of March 2013 as part of a Technical Assistance project where SOCHARA and the CEU team is supporting two NGOs in Kenya – HERAF and NTA in their respective Community Monitoring and Planning projects being funded by Open Society Foundation. SOCHARA was chosen to provide Technical Assistance based on its work on Community Action over the last 4 years. The visit provided the chance to expand the scope of CAH by the process of cross learning, and to incorporate the lessons learnt for effective implementation of CAH on both sides.

6. Training for staff of the public health system

Tamilnadu government had appointed more than 4500 ASHAs in Tamilnadu. The government had approached CEU to give training to the ASHA trainers on health rights, communitization and on ASHA. The trainers were medical officers of various government health centres, district maternal and child health officers and senior Auxiliary Nurse Midwives. On 08th, 11th and 16th of May 2012 Dr. Rakhhal and Mr. Ameerkhan had taken sessions for the ASHA trainers. There were 25 trainers attended the session on each day.

Dr. Rakhhal facilitated a session on Accountability and Governance for Block Medical Officers of the Tamilnadu Medical Services on the 28th of March. This was part of their in service program. Dr. Rakhhal is a regular resource person for the Institute of Public Health, Poonamallee and has been invited for TOTs, inservice trainings as well as Medical Officer Orientation etc.

These trainings provide the opportunity to sensitize the participants about the importance of CAH and to share the experience about the process and challenges in working with the community in implementing the process.

7. Support to Interns and Young professionals

The CEU team supported the following interns during the year. The interns were taken up the research studies which incorporated the component of CAH in Tamilnadu, the team members including State and District members extended the support by giving technical inputs and the interns studies explored many new issues in CAH, which the team members felt as a learning and to incorporate the study finding in the expansion phase.

Mr. Karthik – an MSW student from Madras Christian College was supported during his one month block posting. He was posted in Dharmapuri district where he studied the way in which communities perceived the CAH process. He also documented the health seeking behavior of marginalized groups.

Dr. Lalit Sarode – is an MPH student with the National Institute of Epidemiology. The team supported him both during his “Program Evaluation” as well as “Thesis” parts of his course. During the program evaluation component he evaluated the CAH process in two districts. The team helped him evolve the questionnaire and the methodology etc. the team also helped him conceptualize the questions for this thesis.

Dr. Devasenapathy – MPH student from SRM University is being supported for his 5 month internship – he is studying in depth the functioning of the ICDS centers in Thiruvallur district as well as the community perception on the CAH project.

Ms. Sharanya – MPH student from SRM University is being supported in her 5 month internship – she is studying in depth the health seeking behavior and attitude towards health and illness among

individuals and communities in tribal areas of Dharmapuri. She is also studying the perception of the system functionaries towards the CAH process.

The team is also supporting a group of Post-Graduates in Social and Preventive Medicine of Madras Medical College with regular sessions – Dr. Rakhal took two sessions on Universal Health Care and one session on NRHM during the months of December 2012 and January 2013. The team also facilitated a session by Prof. Sarah Hodges of the University of Warwick for the students on history of development of birth control in Tamilnadu – especially using the historical approach.

8. District Reviews

Mr.Gopinathan, Treasurer of SOCHARA reviewed on the management aspects of CEU and its partners. From 03rd to 06th September he had visited Dharmapuri, Perambalur and Ariyalur districts along with Santosh and Naresh.

Mr. Ameerkhan visited to Catholic Health Association of Tamilnadu's (CHAT) office on 26th April and reviewed the financial management practices of CHAT with respect to CAH project.

Mr. Naveen, account staff of SOCHARA had visited Ariyalur and Perambalur districts on 19th&20th of June for reviewing the accounts and financial management.

On 08th & 09th May Pratibha had visited Kanniykumari district and on 12,13th April, 07th & 23rd August she visited Thiruvallur district office and block offices.

9. Research and research support

The work of the team will be presented in the following categories – the first is the research done by the team itself; the second category is of the research processes supported by the team and individual team members and the third category is of Research projects involved by the team.

Research activities arising out of the CAH process

The CEU team has been actively involved in the participatory evaluation of the CAH process being conducted by a team consisting of Prof. Kuryan George and Prof. Jasmine of CHAD, CMC Vellore and Mr. Mohammad of SOCHARA.

As part of the research activities of the team focusing on the CAH process, Santosh and Naresh conducted field visits during the months of October, November and December to study the functioning or lack thereof of the committees formed during the process post July 2012 when the project officially finished. This series of visits and the subsequent sharing in the team led to the

evolution of a conceptual framework on the functioning of the VHWSNC committees. It is proposed to write this up for publication.

The data that emerged from the three rounds of monitoring were tabulated a preliminary analysis of the data completed. This analysis enabled the team to visualize the changes in various services and components of services over the three rounds of monitoring. This analysis is being supported by the National Institute of Epidemiology as well as bureaucrats within the government. It is proposed to write this up too for publication. This analysis was done during the months of December 2012 and shared at meetings with the government in January and February 2013.

The team has also been involved in analyzing the plans which emerged from the second round of Panchayat level Planning held in May – June 2013. A coding protocol was finalized by the team and all the plans have been coded. The analysis is ongoing. The coding was completed during the months of January to March 2013 and the analysis is ongoing.

On 14th August Dr. Rakhal along with Naresh had meeting with Mr.Sujay Mr. Shivakumar from National Academy of Sciences (USA) and Mr.Sam Joseph, senior professional in development field. The meeting was useful to CEU team to learn many things which are useful to strengthen the CAH process in Tamilnadu. Especially to maximize the field area of CAH process, things to be considered during such expansion are the key learning of the meeting. This is part of an ongoing support being given to the team by Mr. Sam Joseph that is helping the team conceptualize the process in terms of institutions, systems and participatory action.

10.Documentary and Newsletters of CAH

One of the key aspects of the work of the CAH process has been the increase in the awareness among the community whom we work with regarding the health system and the Right to Health. However more than this CEU sees its work with nearly 20 NGO partners (including District nodal NGOs and Block Nodal NGOs) to raise their awareness on issues of health systems and working on health with a Community Health Perspective as particularly important.

Towards awareness building the CEU team also commissioned a documentary on the CAH process. This documentary was meant as an introduction to the CAH process and the principles underlying it. The pre-final version is ready and editing of the last version is in the process towards completion. The team also produced one edition of the CAH newsletter meant as a platform for sharing and exchange of ideas in the CAH process. The team has assembled all the material for the second edition and the draft once been finalized will be printed as the first activity of the next phase.

11.Visits for cross learning

The team was visited by a team from Zimbabwe on 10th and 11th October 2012. The team consisted of Mr. Itai Rusike and Ms. Esther Sharara. The team came from Zimbabwe to spend a week with SOCHARA to understand the CAH process in more depth. They are implementing a similar process in Zimbabwe and had heard of the CAH process through the COPASAH network. The team also

made a community visit to the Thiruvallur block to understand the process from the people involved.

12. Policy advocacy

State level:

On 24th May Dr. Thelma along with Dr. Chandra and CEU team met Ms. Aruna, state program manager of State Health Society, Tamilnadu. During the meeting the importance of recognizing health system staff's work load especially the lower grade staffs, importance of inter departmental coordination at the state level and expansion of the CAH project were emphasized.

On 12th July Dr. Thelma along with Dr. Rakhil met Mr. Pankaj Kumar Bansal IAS, Project director of State health society Tamilnadu to discuss the various aspects of community action in NRHM. Discussions were centre around the need of ASHA, expanding the scope of CAH project and the long term sustainability of such process in Tamilnadu in order to improve the public health system in Tamilnadu.

National level:

On the 29th of January 2013 Dr. Rakhil was invited to be part of the process of evolution of the guidelines for the Village Health and Sanitation Committees. These guidelines are the updated version of those released by the Government at the beginning of the NRHM period. The present guidelines build on the experience with VHWSNC committees over the last nearly 5 years.

Dr. Rakhil has been invited on to the National ASHA Mentoring Group. The first meeting of this group was on the 5th of March 2013 and this is an opportunity for the experience of SOCHARA to feed into the further evolution of the ASHA program.

In September 2012 Dr. Rakhil supported the Project Director of NRHM in the state of Haryana in the evolution of their Urban Health Program. Dr. Rakhil sent over background papers as well gave comments to the emerging draft.

13. Staff development

Capacity building-On 12th and 13th of June Dr. Ravi Narayan and Dr. Thelma Narayan visited CEU. During these two days Dr. Ravi had facilitated sessions on "Reflection of CEU work". CEU team had reflected their unit history and work through six important dimensions viz., who, when, where, why, what and how. The exercise was aimed to help the unit to do plan for long term. The sessions helped the CEU team to effectively plan and execute the process of CAH.

Staff Retreat- From 17th to 21st July all the CEU team members had attended the staff retreat organised by SOCHARA in Bangalore. Staff of all the units were attended this retreat and it was utilized to share and reflect on each one's work. The staff retreat was refreshing; CEU team had opportunity to present the CAH process to the staffs of SOCHARA and got inputs from the senior level members.

Individual staff development-Dr. Rakhal had attended a capacity building workshop for community monitoring practitioners in Istanbul from 04th to 07th June 2012, which was organised by Open society foundation. In the workshop Dr. Rakhal shared his experience of community monitoring in Tamilnadu and also moderated a session.

Mr. Ameerkhan had participated in the third global health assembly held in Cape Town, South Africa from 06th to 12th July 2012, in which he presented the strategies of community mobilization towards achieving health for all.

Dr. Rakhal attended the Emerging Voices workshop between the 18th and 29th of October in Beijing as part of the preparations and activities of the 2nd Health Systems research Symposium. He was also part of the pre-conference on the 30th of October and 1st of November 2012 and also the main symposium between 2nd and 5th of November 2012.

Mr. Santosh and Mr. Suresh participated in the South Asian practitioners' workshop on Social Accountability and Social Action in health conducted by COPASHA at Mumbai from 20th to 22nd Feb 2013, in which they presented the Community Action for Health programme in Tamilnadu.

The key Learning and outcomes of the workshop is as follows.

Some of the positive outcomes shared and learnt from the community health practitioners are,

- It has enhanced trust and improved interaction with the provider and community
- Community based inputs in planning and action
- Some improvements in utilization and service delivery
- Creation of space for multi-stakeholders for dialogues
- Empowerment of local activities

The challenges during the community accountability work

- After pilot the health department wasn't comfortable with the term monitoring and hence the term community action was adopted in some districts like Tamilnadu and Orissa.
- Acceptance of the process by officials at state level but at lower level there is a gap in understanding and acceptance
- At community level due to lack of trust most people prefer to access private health services rather than public and this leads to disinterest in people towards CBM
- High level privatisation leads to high level expectations from PHC
- Making health as people's priority a very difficult task
- In some states like (Jharkhand, Orissa) environment is not conducive for the process as there been various threats from naxels.
- Working in a project mode making CBM sustainability difficult

- Challenges related to health services like major systematic deficiencies
- Actions and decisions at higher-level not always reliable
- Staffing and shortage of medicines etc
- Issues of corruption continues to be a major challenge
- Challenges related to accountability mechanisms like lack of institutional and displayed service guarantees
- RKS not functioning
- Untied funds
- PIP preparation process- no broader level participatory approach.

The major resistance to CBMP from the health department is,

- Reluctance to include NGO representatives in RKS
- Diluting the role of NGOs
- Financial control by state for CBMP process
- Delayed fund flow
- Reluctance to include adequate funds for CBMP in state PIPs, resistance to support progressive expansion of CBMP

Santosh and Naresh participated in a public hearing at Chennai on Food Security and presented to the Supreme Court appointed Advisor regarding the current status of ICDS centers in six CAH implementing districts of Tamilnadu.

The Key Points shared by the State nodal team is as follows,

1. There is a lack of awareness on the existence and functioning of the Aanganwadi management committee.
2. The VHWSNC potentially supports and creates opportunity for community ownership, space for interaction with system and community monitoring of centers.
3. From the findings above it is inferred that while the availability of the services in the ICDS are good there is a sharp decrease when it comes to quality and education component of the services. For example even though most centers are open on working days, the availability of AWW in the center has dropped down. Similarly not enough toys and materials are available and lack of resources/funds to buy it or any other facilities like fans, gas cookers etc. and maintenance of infrastructure is poor.
4. The Other components like non-formal preschool education, referral and child development activities, attention to special children are not happening as the ICDS is not seen as a resource center but merely reduced to food distributing centers.
5. Equally it has to be noted that educative component like imparting knowledge to the parents related to child development, making ORS, teaching the danger signs etc. is widely poor.
6. Sanitation and water facilities are not been adequately addressed.
7. Importance and concentration is only given on politically announced measures like mid-day meals, eggs etc. but not to the other health aspects like giving deworming tablets etc.
8. The curative services at the centre are very poor.
9. There is also a lack of transparency mechanisms regarding approval of the centers and their up gradation etc.

10. Similarly issues like caste discrimination, caste based functioning of ICDS centers and also lack of inclusion of disadvantage communities.

Dr. Naresh Kumar attended the CME as well as women empowerment program from 8th to 10th Feb 2013, held at National Institute of Naturopathy (NIN), Pune. The CME was a great learning about the importance of life style modification at its importance in preventing and managing the life style diseases. The women empowerment program focused on empowering the women in managing their own health and do and don'ts in maternal health. As a reflection this program helped to focus on importance of behavior and lifestyle change in preventing and managing the chronic disease. Few of the ideas can be incorporated in the next phase of CAH for the betterment of people.

14. Community health action

Throughout the CAH process this year, committees in the 446 Panchayats had monthly meetings, facilitated and supported by animators, (in certain Panchayats purely community initiated meeting), performed the third round of monitoring in the CAH process as well as one round of Panchayat level health planning during the months April 2013 to July 2013. In support for these processes the CEU team further modified the tools for monitoring based on feedback from earlier rounds and supported the planning process through onsite mentoring.

Some of the significant changes described by communities due to the CAH process were, increased proportion of panchayats reporting regular cleaning of overhead tanks and also a mentioning the day of cleaning; increased proportion of panchayats reporting post natal home visits; increased number of panchayats reporting educational activities by the VHNs in their respective hamlets. These overall positive outcomes can be attributed to the increased awareness and demand from the communities.

PART 2

DISTRICT AND BLOCK LEVEL ACTIVITIES

1. Mentoring committee meeting at district level

District level mentoring committee meetings were organized in four districts except Perambalur and Ariyalur which was held in the month of September 2011 and January 2012. Thiruvallur had two mentoring committee meeting held in DDHS office and that turned to be very productive by raising hopes for an collaborative efforts to be taken by DDHS along with the PRI members and VHWSC members who represented with the block and district nodal NGO team. The DDHS was cooperative and asked the PRI members and VHWSC members to monitor the mobile medical unit. On the request of the community members DDHS directed the mobile medical units to the areas that are needed most. There was also a solid discussion on the land area that was chosen for the newly proposed PHCs. In Kanniyakumari district the meeting was held in Nagercoil with the aim to get the guidance and support from the members of the committee to carry out the project successfully. In Vellore it was held at DDHS during July totally 21 members participated including committee members and also DD and District collector.

Activity	Dharmapuri	Kanniyakumari	Perambalur & Ariyalur*	Thiruvallur	Vellore
Mentoring committee meeting	1	1	0	2	1

* Perambalur and Ariyalur conducted before the reporting period (in Sept 2011, Jan 2012)

2. Monthly review meeting at district level

Monthly review meeting is an important activity in the project. The monthly meetings are considered as refresh and motivational meetings apart from the review of the activities. The detailed reports of the meetings are available in each district unit. This review meeting creates a platform for the CAH animators to share activities and challenges faced across the blocks etc. It helps the district coordinators to understand the initiatives in a larger perspective as the block level experiences and challenges are been consolidated. It also helps to understand the situation and to devise strategies to handle the problems. The activity plans and budgets are been discussed in the meeting and so ensuring the participatory principle of the project.

Activity	Dharmapuri	Kanniyakumari	Perambalur & Ariyalur	Thiruvallur	Vellore
Monthly review meeting	1	5	5	4	4

3. Block review meeting

Since the project has many partner organizations below the district level, each organization's involvement in the project is important. To facilitate such involvement regular review meetings at the block level have been organized. The objective of the meeting is detailed job related review and accounts submission of the block activities. It is also been seen as a space for capacity building for the animators.

Activity	Dharmapuri	Kanniyakumari*	Perambalur & Ariyalur	Thiruvallur	Vellore
Block review meeting	1	0	25	8	12

*In Kanniyakumari the meetings were conducted along with the monthly review meeting.

4. Village Health Water and Sanitation Committee (VHWSC) meeting

The VHWSC monthly meeting takes place at the panchayat which is considered as an important event and one of the main initiatives facilitated by the project. The VHWSC members utilize the space for discussion and follow up of the village health plan or other activities or problems they are planned to solve. Notable changes happened in attending VHWSC meetings by PRI members and VHN and other village level health functionaries.

Activity	Dharmapuri	Kanniyakumari	Perambalur & Ariyalur	Thiruvallur	Vellore
VHWSC meeting	160	116	257	234	193

The following are some issues intervened by the VHWSC through monthly meetings and follow up.

- The VHWSC members of the Nattalam panchayat in kanniyakumari discussed about the school health services in which they found that the school water tank was not cleaned and the newly built toilets were not opened. The committee members along with the VHN met the school Headmaster to discuss the problem to sort it out. Similarly in Muttam panchayat, the VHWSC members were demanding weighing machine to all ICDS centers and their request was fulfilled by buying five machines from the untied fund of the panchayat.

- In Thiruvallur district most of the VHWSC meetings are run by its members itself except 30% of the total 117 committees requires a constant remainder from the animators. The result is the outcome of continuous engagement of the CAH staffs with the committee members in the process of strengthening the committee.
- In the districts of Ariyalur and Perambalur the response from the VHNs has considerably increased over the months by attending the VHWSC meetings.

5. Meeting of Block level federation of VHWSC

One of the strategies to strengthen and sustain the VHWSC function is to federate the VHWSC at the block level and link them with the patient welfare society of respective PHCs. Based on that all the districts have formed the block level federation and regular meetings are held to take the initiatives and plan forward.

Activity	Dharmapuri	Kanniyakumari	Perambalur & Ariyalur	Thiruvallur	Vellore*
Block federation meeting	2	3	2	2	0

*The three blocks of Vellore district conducted their federation meeting in the month of February and March 2012 and so no meetings happened during the reporting period.

6. Monitoring

Monitoring being a core activity of the project, in the month of April and May 2012 the 3rd round of monitoring was carried out in all six districts of the project covering 446 panchayats in total. The monitoring was done by the VHWSC members who were particularly trained for the activity by the project teams. The services that are monitored are the immunization, maternal health, school health, and village health services.

Activity	Dharmapuri	Kanniyakumari	Perambalur & Ariyalur	Thiruvallur	Vellore
Monitoring	96	30	86	117	117

When compared to the 2nd round of monitoring, the 3rd round has been a complete lead taken by the VHS members. This independent effort of the committee members is the result of the training efforts taken by the project nodal teams to capacitate the VHWSC members to make the process a self-sustainable one in a longer run. Monitoring activity raised the confidence level of the VHWSC members in handling the monitoring tool and also it helped them to educate the community on the services and thus fulfilling the two broad purpose of the tool i.e., monitoring and educating.

7. PHC level health plan

To get medical officer's opinion and commitment and to do detailed planning at the institutional level, PHC level planning sessions were organized and it turn out to be very positive experience for the Health system personnel to make community understand the problems they are facing and the event helped in building rapport with community. Since Thiruvallur had done Panchayats Health Plan in this year there was no need to conduct separate PHC level plan. Dharmapuri, Ariyalur and Perambalur conducted their PHC level planning in which the Health care providers, PRI members and VHWSC members were participated. In general this meeting created a space for interaction between the health system and the community that it serves.

Activity	Dharmapuri	Kanniyakumari*	Perambalur & Ariyalur	Thiruvallur*	Vellore*
PHC level meeting	4	0	8	0	0

*Kanniyakumari finished their PHC level planning in the month of January 2012

*Thiruvallur conducted the PHC level planning combined with the dissemination of 2nd round monitoring early in 2012 and so no PHC level planning happened during the reporting period.

*Vellore completed the PHC level planning during 2011

8. Panchayat Health Planning

Panchayat health planning is the process in continuation with the monitoring exercise wherein the identified problems are been discussed to find ways and means to sort the issues. Various stakeholders involved in the process take part in the activity facilitated by the block nodal NGO team. In total 446 Panchayats carried out this planning process in the month of May and June 2012. Based on this planning report card was prepared and submitted to the respective institutions.

Activity	Dharmapuri	Kanniyakumari	Perambalur & Ariyalur	Thiruvallur	Vellore
Panchayat health plan	96	30	86	117	117

The following are the Plans that are evolved during the discussion on the identified gaps through monitoring exercise in most of the panchayats across the project districts.

Service gap	Plan	Responsibility
1. Lack of awareness on immunization in the community	To keep awareness boards at public places	Panchayat president assisted by the health provider.

2. VHN vacancy	To give petition to the concern department	Panchayat President assisted by VHSC members.
3. Unavailability of toys and other learning materials in the ICDS centers	To buy the necessary toys and learning materials	ICDS teacher, Panchayat president
4. Absence of ICDS teachers at the center during working hours	To put ICDS working timing board and ICDS worker to write the reason for her absence	ICDS teacher
5. Poor infrastructure in ICDS centers	To give petition to the concern department. In some panchayats the panchayat funds are been utilized for the purpose	Panchayat president and PRI members. VHWSC members to follow up.
6. Poor sanitation facilities and non-availability of drinking water in schools	To address the problem and to do the requirements	Panchayat president
7. Poor quality of food given in schools	To meet the headmaster and intervene the problem and to continuously monitor the quality of food	President and VHWSC members
8. No medical check-ups was available in the school during the academic year and poor maintenance of the medical records of the students	To meet the headmaster and enquire about the problem	President and VHWSC members
9. No adolescent groups are formed and lack of health education and services available to them	To form the group and to give health education and services	ICDS teacher, VHN and VHWSC members to assist.
10. Lack of periodical PNC visits by the VHN	To address the problem	VHN
11. Problems related to maternity benefit schemes	To address the problem	Medical officer, VHN
12. Non-availability of	To enquire the problem to the	PRI and VHWSC members

anti-venom drugs at PHC and lack of availability of common medicines in HSC	medical officer and concern persons	to assist.
13. No regular cleaning of over head tank and information related to cleaning.	To clean periodically	Panchayat President and VHSWC members to monitor
14. Lack of awareness among people regarding nutrition day	To create awareness	VHN and ICDS teachers
15. No information related to the availability of mobile medical unit in the villages	VHN to give ATP of the services to the Panchayat president	VHN, President and VHWSC members.
16. No scan facility available in PHC	To address the problem by giving petition to the concern persons	Panchayat president and Medical officer.
17. Need of Health sub-centers	To give petition to the concern department	PRI and VHWSC members.

9. Training Programmes

Training is considered as an important activity of the project. During the reporting period trainings were conducted for the VHWSC members to get refresh on CAH initiatives. Prior to the monitoring exercise training on monitoring tool was given in which 3-4 members per VHWSC were selected to attend the programme. This capacity building programme was aimed at to make the animators as trainers and to capacitate the VHWSC members to monitor independently. Pilot exercise on monitoring tools was conducted by the members for getting the feel of the exercise. In Kanniyakumari Refresh Training for VHWSC members was held in the month of March 2012.

Similarly TOT (training of the trainers) for the CAH project staffs were carried out before the monitoring activity. In Ariyalur and Perambalur two days refresher training programme was held and in Thiruvallur district 3 days training on the monitoring tool was held in the month of April and two days refresher training on the Panchayat raj institutions and the VHWSC was held in the month of June 2012. The other districts finished the training programmes before the reporting period.

Activity	Dharmapuri	Kanniyakumari	Perambalur & Ariyalur	Thiruvallur	Vellore
Refresh Training for VHWSNC members	32 panchayats		66 panchayats	117 panchayats	90 panchayats
Training on Monitoring for VHWSNC members	96 panchayats	30 panchayats	86 panchayats	117 panchayats	117 panchayats
Training for CAH staffs			24 staffs (2 days)	32 staffs (5 days)	

10. Cultural activities

The main objective of the cultural program is to increase the health awareness of the people, by cultural activities like dramas, songs, issuing handouts etc. It was held in 49 places of 3 blocks were people gather more.

11. Publications

At the Panchayat level many handbills were printed by the organisation and by the VHWSNC on the topics of VHWSNC, MCH services, health education materials on preventable diseases and measures of preventing etc.,

In Perambalur district health information guide containing the contact numbers of PRIs, DDHS, VHNS, MOs, BMO and ICDS staffs were given to the VHSWC members.

In Vellore many health awareness- communication boards and handouts were distributed in 3 blocks to the VHSWNC members and to the people.

Thiruvallur district came out with two booklets containing general information about NRHM and the other on CAH activities of the district and its outcomes. A documentary on CAH process was also released by the district nodal NGO.

12. Health Mela:

Health Mela is an innovative activity that was tried out in five districts of the project with an objective of community mobilization for larger participation to know about the NRHM and its importance. In each block a panchayat was selected as a model to carry out the activity which gave them a space to understand the process of the CAH initiatives which is an opportunity given to the community by the government under NRHM to monitor the health services and plan for the health activities of the panchayat. Wider participation was there in this unique activity and was welcomed by the PRI as it played a supportive role in organizing. The VHWSC members celebrated the occasion with the recognition from PRI and the community people. The two major outcome of the event is it leads to dissemination of knowledge on the health services and the discussion based on the current situation of the health services.

In Kanniyakumari Health mela was conducted in July were representatives, VHWSNC members and peoples of 3 blocks participated. During this program various type of cultural activities, quizzes etc were conducted. The main purpose of the event is to call all VHSWNC members to participate and to present their activities by way of cultural, awareness songs and speeches.

In Vellore it was conducted in 3 blocks, awareness rally was conducted, health exhibition was arranged, many community level competitions were conducted to encourage the community people like essay writing, Rangoli competition, singing competition, dance competition, musical chair, cultural, skill establishment competitions were held. Peranambattu MLA participated and

Activity	Dharmapuri	Kanniyakumari	Perambalur Ariyalur	&	Vellore
Health Mela	3 blocks	1 district level	3 blocks (3 panchayats)	(3	3 blocks

inaugurated the rally.

Ariyalur and Perambalur conducted the Health Mela in three blocks namely in Komman Panchayat in Thirumanur block, Melur Panchayat in Andimadam block and Keelakarai Panchayat in Perambalur block. The block nodal organizations in their respective blocks conducted the health mela seeking cooperation and support from the Panchayat members and VHWSC members. It turned out to be an awareness event where the community learnt about the services being given at the health centers and also it created an opportunity for them to assess it.

Similar events were carried out in three blocks of Dharmapuri districts namely in Harur, Nallampalli and in Karimangalam block. People were mobilized for the event by the nodal organization to celebrate the event.

13. Dissemination

Dissemination of the panchayat health plans and about the CAH initiatives at various levels formed an important activity that was carried out by the respective nodal NGO teams across district, block and panchayat levels. Various stakeholders like district chair persons, the district collector, health care providers, PRI were invited to have discussion aiming for intersectoral coordination to solve the issues at the district level. Similar events are conducted at the block level wherein the block medical officers, block development officers, block chairman and PRI were invited. Panchayat level dissemination was held along with the Gram Sabha on May 1st 2012. The project animators and the VHWSC members participated in the event to present about the VHWSC activities.

Level	Dharmapuri	Kanniyakumari	Perambalur & Ariyalur	Thiruvallur	Vellore
District level	1	1	2	1	1
Block level		3			3
Panchayat level	84		86	117	

14. Exit polling

How it would be to know the opinion of the service provided in the public hospitals being captured in a form of a ballot paper voted by the beneficiaries themselves? And how about to have their opinions counted and to create space for healthy discussion with the service providers? This is an idea that evolved last year which was carried out successfully for the consecutive years. Though the event is facilitated by the block level NGOs the VHWSC members enthusiastically participated by having a productive dialogues with the service providers.

For the first time In Ariyalur and Perambalur similar exercise was also tried out in the private hospitals.

Activity	Dharmapuri	Kanniyakumari	Perambalur & Ariyalur	Thiruvallur	Vellore
Exit polling	9 PHCs	9 PHCs	14 PHCs/ 3 GHs/ 3 Pvt. Hospitals	8 PHCs	11 PHCs and 3 GHs

15. Wall paintings

The general feedback from the community was that they felt an information board regarding the VHWSC would help them to contact its members. This thought was discussed by the members of VHWSC in their meetings across all panchayats where the project is in implementation. Based on the suggestions given the block nodal NGO carried out the wall paintings in all panchayats. Vital information related to the VHWSC like the names of its members with contact numbers, the purpose of its existence with its objectives and a space for communication was wall painted in the places visible to the community as suggested by the VHWSC themselves.

Activity	Dharmapuri	Kanniyakumari	Perambalur & Ariyalur	Thiruvallur	Vellore
Wall paintings	96 panchayats	30 panchayats	86 panchayats	34 panchayats	117 panchayats

16. Sensitization programmes

It was learnt during the process that sensitizing the stakeholders of the project is as important as the project itself since the project rests on the tenants of participative approach. Though there is an ongoing rapport with the health system staffs, PRI members, ICDS workers by the project nodal teams it was felt that a day programme for each target groups (mentioned in the table above) would serve to a great extent in understanding the project collectively better by mutual sharing of their experiences and also sensitizing the groups on the objectives of the project. In Thiruvallur it was found that VHNs are not fully equipped or been prepared to work for the NRHM and little know about their roles and responsibilities in carrying out the mission. It was felt that over burden of their responsibilities making them least contribute to the mission and also to the project. Similarly in the month of May 2012, the medical officers and other health staffs gathered in the office of the DDHS to attend the sensitization programme conducted by the Thiruvallur district nodal team. DDHS headed the meeting and Mr. Ameerkhan from CHC is a special invitee who oriented the process of community led initiatives and the role of medical officers in the process. The programme created a space for the health staffs to clarify their queries on the process etc.

Similar programmes were held at the block level in Ariyalur and Perambalur districts where the health care providers was oriented about the objectives of the CAH activities.

In the month of June 2012, Perambalur and Ariyalur district conducted a sanitization programme for the NGO leaders who work in all the three blocks of the district. Nearly 8 NGO heads participated in the programme. A general orientation on the CAH initiatives was given to them and Mr. Santosh from CHC talked about the importance of networking in achieving health for all objectives. Similarly in Thiruvallur, the sensitization programme was held in the office of DDHS in the month of July 2012. DDHS preside over the programme. Ms.J.P.Saulina Arnold called for promoting community led health actions by seeking support and coordination from the community based organizations to achieve NRHM goals.

The Thiruvallur district nodal agency conducted the sensitization workshop for the PRI members. This was held at the block development offices with the BDO presiding over the workshop. The objective of the orientation is to sensitize the PRIs on their roles and responsibilities to lead the process and take definite initiatives for the CAH programme.

Thiruvallur conducted a sensitization programme for Block Development Officers on 27th July in which 16 block level officers participated in the programme.

Target Groups	Dharmapuri	Kanniyakumari	Perambalur & Ariyalur	Thiruvallur	Vellore
Health system staffs	1 block	3 blocks	3 blocks	2 blocks	1 block
PRI members	1 block		2 blocks	2 blocks	1 block
ICDS staffs	1 block	3 blocks	3 blocks		3 blocks
NGOs	1		1	1	

17.Press meeting

The district nodal team of Thiruvallur organized a press meet on 30th July 2012 with the objective of promoting people's action for health by highlighting their work carried out during the entire project phase. Nearly 12 television and 19 print media participated in the meet that gave awareness on the community action for health programme in the district. The outcomes of the project were shared in order to motivate people to participate in such initiatives.

The activities in Districts after July 2012 in Vellore District

In Vellore district after the project had completed, without funding from the state, District NGO initiated and conducted 145 VHWSNC meeting from August to December of 2012

Block federation meeting cum training was conducted in the month of September 2012 in all the three blocks of Vellore District

From Aug to April there were 16 Block review meetings. One District review meeting was held in November and one accounts related meeting was held in September and District mentoring committee meeting was held in the month of September.

As a part of capacity building to the staffs, computer training was given to 8 animators, District coordinator, and one Block coordinator. District JD meeting was held in 2 blocks on November.