Review of the Community Monitoring Activities at Districts of Tamilnadu

DECEMBER'2008

Submitted to PFI

Prepared by

AGCA-PFI

Review of
Community Monitoring in Tamil Nadu: A Report

Executive Summary

The community monitoring in the state has been effectively on ground for about 18 months. Despite this short period, there have been significant gains from it. These include the translation of materials for orientation and training, forming committees at different levels, undertaking capacity building through training and orientation, mobilising the community, preparing report cards, organising Jan Samwads, engaging the media, organising advocacy with key stakeholders in the government, and preparing for the scaling up.

The gains have been impressive, given the time and the intensive effort required for these tasks. The spirit of volunteerism, commitment and passion that has gone into the process is also commendable. Community monitoring has set in motion the efforts to bring the community centre-stage in health delivery. VHSCs have given voice and visibility to the community. Communities have a better sense of their entitlements and hence their expectation from the public health system has increased. They have also begun to understand the constraints of the department, especially the front line workers. It has enabled a better connect between the community and the health department. It has also enabled a better accountability of the department- in engaging and in responding to the community.

The Review recommends the continuation and scaling up of community monitoring in the entire state.

However, it is recommended that the scaling up be done in an incremental manner to build capacity of the community and acceptance by the department. It recommends that planning and monitoring go together. While scaling up, the Review recommends a substantial simplification of the tool and the processes. It is recommended that community monitoring be anchored in an existing arrangement in the health department to ensure buy-in by the health department. The oversight responsibility however, should be separate and this could include representatives from the government and civil society. To ensure success, the process should go through a minimum of three cycles, before a decision on restructuring and revamping is taken. The State Mentoring Team, Resource Team and the various arrangements at the district level, ought to be the resource pool to facilitate scaling up.

I. Background

Tamil Nadu is ranked as a high performing state, based on human development index, literacy, low fertility and mortality rates. The state has witnessed a medium growth in the last few years. The sharp decline in fertility, the high literacy rate and many innovative social development programmes have focussed attention on some of the best aspects of the state.

However, many issues in the state need attention too. Majority of the work force in the state is involved in agriculture. Yet, the agriculture sector has more or less been stagnant. The development in the state is said to be uneven- both geographically and across groups. There is still significant rural poverty and the decline in rural poverty has been much slower. Nearly 20 percent of women still marry before 18 years. In districts such as Dharmapuri, about 39 percent of the girls marry below the legal age. About 40 percent of married women experience spousal violence. A significant number of children (about 33 percent) of less than three years are underweight. Majority of the pregnant women undergo ANC and the institutional delivery is over 90 percent. Yet, only less than 50 percent consume IFA and about 50 percent of the pregnant women are anaemic.

In other words, despite the many shining aspects of Tamil Nadu, many issues need attention, too.

The state has a good coverage by health care services. The public health system provides preventive, promotive, curative and rehabilitative health services. The State also has undertaken many innovations in the health sector; such as, the Tamil Nadu Medicine and Supplies Corporation. There have been partnerships between the health department and NGOs, more specifically, for service delivery.

However, the pilot initiative on community monitoring, under NRHM, engages NGOs not to provide services but to partner with the department to address issues of accountability, quality and in ensuring that community receive their entitlements. To that extent, this is a unique initiative.

II. Review Methodology

The review in Tamil Nadu was part of a countrywide review of the process in nine states. The Terms of Reference (TOR) and the methodology were common for all nine states. The review team included Suresh from the State Nodal NGO, Ameer Khan from the State Resource Group and S Ramanathan (External Consultant).

The external consultant is in Tamil Nadu hence, the review process was staggered. He had earlier participated in a one-day sharing meeting held in August 2008, independent of the review, which had provided an overview of the issues. For the review, three-day field visit was undertaken in Vellore district. The field visit included visits to villages, SCs, PHCs. In the meetings at villages, discussions were held with VHN, Panchayat Presidents, and members of the VHSCs. A meeting at the district level in Tirupathur on November 19, 2008 enabled meeting with all the NGOs implementing community monitoring in Vellore district and meeting with the officials of the health department, including the Deputy Director, Tirupathur. One day meeting at the State level was organised to meet the representatives of the NGOs from the other districts. The External Consultant also participated in two meetings held with the Mission Director, to discuss the expansion phase of community monitoring. This provided an opportunity to discuss the issues with her. The State Nodal Officer, health department, was interviewed separately for the review. The representatives of the State Nodal NGO were also interviewed.

Details of persons met and places visited are in the Annexe. The External Consultant also conducted a desk review of key documents provided by the National Secretariat and the state and district nodal NGOs. The list of documents reviewed is listed in the annex.

III. Institutional Mechanisms:

III.a. State level Institutional Arrangement

The State Mentoring Team consists of 14 members. The State Mentoring Team is a broad based one representing Government, implementing NGOs, human rights groups, academic institutions, medical profession, civil society networks, marginalised sector and the national AGCA[i]. A State Resource Team of ten members also, provides support for the process. Majority of these resource persons are drawn from the State Mentoring Team and from the districts.

The State Nodal Officer, appointed by the health department is the point of contact between NGOs and the health department. The nodal officer's role is to provide technical support and in passing information from the department to the NGOs.

The state has followed the national guidelines for the formation of the institutions at the district, PHC and VHSCs. The details of the institutions formed are in the table below.

Table: Institutions formed in Tamil Nadu

State	VHSCs	PHC committee	Block Committee	District Committees
Tamil Nadu[ii]	225	45	15	5

The State Mentoring Group team has met four times. The representatives of the health department did not attend any of the meetings. Even, some of the civil society representatives are inactive and did not attend the meetings. Few members of the State Mentoring Group and State Resource Team, provide substantial support and hold the process together.

The Tamil Nadu Science Forum (TNSF) is the State Nodal NGO. TNSF has a presence in 29 districts in the state. Its presence, however, is quite strong in about 10 districts[iii]. Earlier, it had played a major role in the literacy and post-literacy movements. It has many volunteers and is strong in mobilisation[iv]. For the pilot phase of the community monitoring, however, TNSF appeared to have more restricted its role to providing administrative and financial support.

III.b Relationships and Convergence

Relation with the health department:

The process of engaging the health department began with the meeting of Health Secretary and Joint Secretary on May 30, 2007. A representative of National AGCA along with few state representatives met them. On the suggestion of the Health Secretary, a meeting with the Director, Health was also organised. However, subsequent to the meeting, it took nearly four months for the health department to issue the Government Order (GO), to initiate the pilot phase. At the state level, there is more

acceptance of the process by the current Mission Director, NRHM though, the Director, Public Health has his reservations.

A representative of the Medical Profession, in the State Mentoring Group, has a good rapport with many of the officials[v]. The health department, too, as mentioned above, has appointed a Nodal Officer, to provide the link between NGOs and the health department.

A key initiative in the state was to involve the VHN Association in the process. The discussion with the VHN Association helped to allay their fears about the process and to seek their cooperation. The President of the VHN Association participated in the state level meeting, and extended her support to the process. However, despite this, the involvement of the VHNs varies across districts. In Perambalur district, VHNs do not cooperate with the project implementation. In Dharmapuri, VHNs are reported to question the credentials of the NGOs to monitor them[vi]. Many VHNs also think that the process is meant to spy on their work and report to the higher authorities. Some also see this as a nuisance[vii].

The relation with VHNs is symptomatic of the relation with the health department. The relation varies across districts. While the relation is good in a district like Vellore, where the Deputy Directors are proactive, it is not very smooth in other districts[viii]. In Perambaur, reports indicate that the Medical Officers and service providers are unhappy with the formation of the VHSCs. The Deputy Director did not attend the workshop despite invitation and requests. Hence, most of the activities of community monitoring are implemented without their support. In Dharmapuri, the relation became slightly adversarial, after the media highlighted instances of non-payment of Muthulakshmi Reddy scheme funds to the women. They are also queries in some districts on why the NGOs monitoring only the health department and not the other departments. The relation also goes through swings depending on official transfers[ix].

In the committees formed in the district and PHCs, the participation of the health officials is rare. There are instances of the MO's agreeing to participate but not attending the meetings. The health department appears to view the process more as a NGO initiative rather than a partnership between health department and civil society. There is also the view that process is more of faultfinding than an effort to help the department to improve its services. This perspective, that the health department in the state is strong and does not need monitoring either by the PRIs or by the civil society, did emerge too.

One aspect that emerges clearly is that, without the acceptance of the process by the district officials, it will be very difficult to implement it. The officials lower down in the districts do not accept the authority of the letters issued either from the national or state level. They would allow access, only if, the Deputy Director at the district level issues a letter[x]. Hence, the acceptance at the state level alone is not sufficient. There has to be a buy-in by the officials in the district. If the Deputy Director is convinced[xi] and willing to implement the process then it is relatively smooth to implement[xii].

Relation with ICDS:
Besides the membership of the Anganwadi worker in the VHSC, no other significant details of the convergence and rapport with the ICDS emerges both at the state level and at the districts.

Relation with PRIs:
At the state level, there is hardly any relation with the Panchayati Raj department. According to the State Nodal NGO, initial meetings were organised with the Panchayat Department but the department evinced no significant interest. The representatives of the department and the PRI representatives did not join the state workshop[xiii].

There are pockets of good relations with the PRIs in the districts, but overall, the relation is not significant. In Vellore district, the PRI representatives at the district level are involved to an extent[xiv]. However, in the same district, the PRI representatives, who headed the VHSC, often do not attend the meetings[xv]. In one of the block in Vellore district, despite the long presence of the nodal NGO, it is very difficult to get the support of the PRIs and meetings are often held without their participation[xvi]. There are also instances of PRI representatives who resisted the process[xvii]. In Perambalur, PRIs are reportedly not interested. The District President did not attend the district workshop, despite invitation and requests. Some attend the meetings, but they are often not regular. In Dharmapuri, the PRIs wanted sitting fees to participate in the meetings. On the contrary, in Tiruvellore district, PRIs learnt about NRHM and the details of the untied funds through community monitoring. Hence, they are appreciative of the process.

In Vellore, few PRI representatives[xviii] , who were interviewed, said that Panchayats do not have any authority to monitor the functioning of the health department. Hence, they do not evince any interest in its functioning[xix]. They however, felt that it is important for the PRIs to monitor the health department. Some were willing to consider discussing the report cards at the Panchayat meetings.

Relation between NGOs:
One of the key aspects of the initiative is the spirit of volunteerism by most of the NGOs involved in community monitoring. They are very keen, egged more by their desire to ensure that the community receives its entitlements. There is harmony between all the NGOs who are working on this initiative. For almost all the organisations, the process is new and they had to first learn, internalise it before they embarked on it with the community. Many find the process intensive, but they also have learnt from it. Many of the organisations have come together for the first time. There are also opportunities for cross learning across NGOs. Few NGOs are unable to deliver. In Tiruvellore district, one NGO has done mobilisation in only 50 percent of the villages. The quality of work of few NGOs is also reportedly poor[xx].

Key Issues

- All institutional arrangements as proposed by the National guideline are in place.
- The State Nodal NGO is more involved in providing administrative and financial support.
- Few members of the State Mentoring Group and State Resource Group provide substantial support and hold the process together.
- The relation with health department varies. There are pockets of good relations, but at an overall level, the acceptance of the process by the health department is not significant.
- The support of the district health officials appears crucial for the acceptance of the process by the health department.
- The relation with PRI, too, is not very significant.
- The process, seen more as an NGO initiative, does not appear to have enabled any significant partnership between health department, civil society and PRIs.
- There is a significant spirit of volunteerism among the NGOs and harmony between them. There are opportunities for cross learning between them.

IV. Process

IV.a Selection process: geographical and institutional

In the state meeting held on May 30-31, 2007, a tentative listing of districts was done. The Director Health, however suggested the inclusion of Dharmapuri district (which was not in the original list) and suggested that districts other than Kanyakumari and Tiruchirapalli be included. Following this suggestion, Dharmapuri was included. However, Kanyakumari was retained and instead of Tiruchirapalli, Perambalur was included. Hence, it was decided to have five districts, instead of the four suggested by the national guideline.

Following the finalisation of the districts, the choice of blocks was determined more by the availability of the NGOs. The choice was often made by the NGOs themselves[xxi] and the health department was informed. The health department was invited in a few districts, when the selection was made, but often, they did not participate in the meetings. The selection of the blocks and the NGOs happened in September-October 2007. Once the blocks were finalised, the PHCs and the villages were chosen by the NGOs. In the selection of the villages, there were consultations with the health department in some instances[xxii]. PRIs were consulted in some instances. In Kannniambadi block, TNSF convened a meeting of all Panchayat Presidents on December 22-23, 2007, to finalise villages. In this meeting, the villages which were backward and had SC population in majority were chosen. Though the villages are spread, they were chosen, with an intent to learn, how the process rolls out in different parts of the block.

In selecting NGOs, the emphasis was on institutions, which had a history of working on right based issues or working for the betterment of the marginal groups. TNSF was chosen as a State Nodal NGO, in a two-day meeting of the civil society organisations and AGCA member held on May 30-31, 2007. The selection of district nodal NGOs was easy but the selection at the block level proved more difficult. The selection of the NGOs in the block was done by the district Nodal NGOs. For some of the NGOs, this was the first time that they were getting involved in health activity. Hence, many had to understand health issues and the functioning of the health department before they began work with the community.

TNSF besides being a State Nodal NGO implements the activities in three other blocks. It is also the district nodal NGO in Thiruvallur block. CHAT is the district Nodal NGO in Perambalur although, it does not implement community monitoring in that district. It however, implements community monitoring in one block in Kanyakumari district. DCBR is the nodal NGO in Vellore district. The representatives of DCBR and TNSF are represented in the State Mentoring Committee.

One aspect that needs mention is that the roles of implementation and oversight appear blurred in the current arrangement. TNSF is a State Nodal NGO and implements activities as a district Nodal NGO also and implements activities in few blocks. In this arrangement the distinction between implementation and oversight, appears blurred. It appears to have had a bearing on monitoring and course correction during the

implementation. It appears that issues, which could have been picked up during routine monitoring and corrected, were not addressed. For instance, during a visit to a village for review, it was found that the community was hardly aware of the details of the process. A state representative who was present observed that if we had known this was the status, then, we could have put in more effort to improve their understanding and deferred the preparation of the report cards. In other words, issues that should have come up during routine monitoring became evident during the review. From a governance perspective, the Review Team suggest that there ought to be a separation of the oversight and Implementation roles.

In Dharmapuri district, a NGO federation Dhvani, is the district nodal NGO. In this district, there are three NGOs, who are responsible for the implementation of community monitoring in each block. This is different from other districts where one NGO is responsible for the entire block. One of these NGOs is designated as the block nodal NGO. The idea is to involve more partners so that they feel involved. In Perambalur too, in Andimadam block, three NGOs are involved in implementation. The details of the nodal NGOs are given in the Table below.

Involving More NGOs

In Dharmapuri district, 3 NGOs are involved in each block, unlike other places where a single NGO implement the process in the entire block. This is done in Andimadam block in Perambalur district too. This would be very helpful when the process is scaled up, as there would be more NGOs, who would be able to support this process.

State Nodal NGO: Tamil Nadu Science Forum (TNSF)			
District	**District Nodal NGO**	**Block**	**Block Nodal NGO**
Dharmapuri	Dharmapuri District Voluntary Agencies Network Initiatives (DHVANI)	Harur	Community Rural Development Society (CRDS)
		Nallampalli	SEEDS
		Kariyamangalam	Rural Development Society (RDS)
Kanyakumari	Voluntary Health Association of Kanyakumari (VHAK)	Agasteeswaram	VHAK
		Kuruthancode	Catholic Hospital Association of Tamil Nadu (CHAT)
		Killiyoor	TNSF

Perambalur	Catholic Hospital Association of Tamil Nadu (CHAT)	Perambalur	Dawn Trust
		Andimadam	Gandhi Gramodhaya Trust
		Tirumanur	Udhaya Trust
Thiruvallur	TNSF	Gumidipoondi	TNSF
		Meenjur	Jeeva Jothi
		Poonamalli	Pasumai Trust
Vellore	Darulselvi Community Based Rehabilitation (DCBR)	Kandhili	DCBR
		Pernampet	Voice Trust
		Kaniyampadi	TNSF

IV. b Community Mobilisation

The community mobilisation is an intensive work and involved substantial time of the NGOs[xxiii]. The process of community mobilisation followed the meetings held at district head quarters to train the NGOs. The NGO facilitators were trained on mobilisation processes and in forming groups. Community were mobilised primarily through meetings. Separate meetings were held in the Dalit hamlets. There are some innovations too. In Kanyakumari district, children's and youth parliament was utilised to mobilise the elders. Church too, played a role in mobilisation in certain villages[xxiv]. The Nursing College in the district was roped in to spread information about NRHM and on community monitoring. Handbills and folk media were also used for mobilisation. The presence of volunteers from the literacy movement - Valar Kalvi Thittam (Continuing Education Programme) is a significant strength in a few districts. They helped to mobilise the community in many villages. In fact, in villages where they are present, these volunteers took the lead in preparing the score cards.

Innovations in community mobilisation

- In Kanyakumari district, children's and youth parliament mobilised the elders.
- Church also played a role in mobilisation in certain villages in Kanyakumari district.
- Nursing College roped in to spread information
- Handbills and folk media were also used
- Volunteers from literacy movement enabled mobilisation in few districts.

To enable people to understand their entitlements and to spread awareness on the functioning of the health department, the NGOs have printed handbills. These bills provide details of the functioning of the sub-centres and the services provided in a SC; facilities in a PHC and the services provided in a PHC; details of the duty time of the doctors, nurses and VHNs, other staff, and the citizen's charter. This is a very useful output of the process.

Handbills informed People on

- Facilities and services provided in a Sub Centre (SC)
- Facilities and services provided in a PHC
- Duty time of doctors, nurses and VHNs, other staff
- Citizen's Charter.

In few villages, the VHSC also organised monthly meetings to discuss various health issues. The number of participants varied depending on interest and the time available with the community. In Vellore, according to the NGO representatives, there was poor turn out of the community for the village meetings. Based entirely on the few villages visited in Vellore district, it appears that the level of community involvement is not significant. Except the volunteers of the literacy movement, the rest community do not have much knowledge on rights, NRHM, VHSC and community monitoring. Even some of the volunteers lack complete understanding.

The point that the review would like to reiterate is that it is not just the inability of VHSC members to prepare the score cards; many VHSC representatives, lack understanding of the issues such as rights and the role of VHSCs. In fact, some of the VHSC members were not aware of their own role in it[xxv].

Evidently, the mobilisation in these villages needs more effort[xxvi].

The other aspect is that, in the villages, there are on an average, about four meetings in a month- SHG meetings, health meeting and PTA. There is a sense of fatigue too, for those, who are to participate in these meetings.

IV.c Committee formation

As mentioned above, the committees at different levels, as proposed in the national guideline are formed.

The VHSCs were formed in Tamil Nadu under the NRHM, prior to the start of the community monitoring programme. The VHSC were primarily involved in the management of the untied funds, provided under NRHM[xxvii]. The VHSCs, were recast, by including more members and this process was done during March - May 2008. The Panchayats approved the reconstituted VHSCs, in the Gram Sabha and issued a letter of approval in two districts. Besides revenue villages, VHSC were formed in the hamlets, too. During this period, the orientation of the VHSCs was also undertaken. On an average, 2 to 5 meetings were held with each VHSC to orient them and training was provided to equip them for data collection and preparation of report cards.

Approval from Panchayats

Panchayats approved the reconstituted VHSCs in the Gram Sabha and issued a letter of approval. This was done to ensure that VHSCs are not disbanded once the President demits the office. This was done in Vellore and Dharmapuri districts.

The reconstituted VHSCs consists of 10 plus members. The number of members varies across villages, depending on the various stakeholders who are to be represented. Typically, a VHSC is headed by the Panchayat President or the PRI representative, it includes the VHN, the deputy leader of the Panchayat, ward members, represenatives from NGOs/ literacy movement, Anganwadi worker, representative of Parent-Teacher Association (PTA) and a representative of the SHGs. Although, emphasis is on ensuring equity, in few of the villages, the Scheduled Caste is not represented in the VHSC[xxviii].

In most villages, visited for the review, it was observed that the women outnumber men as representatives in the VHSCs. The response from the village is that the men are busy eking a livelihood and do not have time for the meetings. This is said to be the pattern in the other distrcts too[xxix]. A question that arises is: Do the men consider the process as unimportant and relegate the responsibility to the women? Is there a danger that the process may weaken as men do not get involved. The NGO representatives, however, see a merit in the involvement of the women. According to them, it is important to engage women to ensure that they begin to decide on health issues. This issue is open and needs further examination.

Issuing ID card for VHSC Members

Innovation undertaken in Dharmapuri district to ensure their recognition and acceptance by the health department.

The formation of the various committees, above village level, happened around July-August 2007. These institutions have members from the health department, PRI and civil society representatives. The representatives of the health department hardly attend the meetings. The PRI representatives, too, do not evince much interest. In some districts, NGOs, who are not involved in implementation, are not keen to be in the mentoring group. Some NGOs opted out, as there is no financial gain from participating in these meetings.

In these committees formed in the district and PHCs, the participation of the health officials is rare. There are instances of the MO's agreeing to participate, but not attending the meeting. Even the PRI representatives rarely participate. The objective of bringing together the health department, civil society and the PRI representatives to mentor and support the process, seldom happens. These forums are more or less limited to participation of the NGO representatives alone.

Consequently, these committees are not realising the purpose for which they are formed., namely, bringing together the health department, PRIs and civil society. These committees are almost entirely NGO led. Besides, these committees did not consolidate the report cards from the facilities/ villages lower down. None appears to have undertaken any field visit or monitor the progress of the implementation. To that extent, there is no significant value realised from the formation of these committees.

IV.d. Report Card Preparation

Prior to the preparation of the report card, a village profile was prepared around February 2008 in all the villages. The profile was prepared based on discussions with the community. The profile was shared in village meetings. The preparation of the report cards began in mid-2008, following the training of the VHSCs. Subsequent to this, the preparation of the facility level report cards in PHCs were prepared and consolidated by August 2008.

A comprehensive tool book for the preparation of the report card has been put together in the state. This book is a very useful document and a source of reference for field-workers.

The report cards are prepared either by the volunteers of the literacy movement or the NGO personnel. One of the reasons for this is the complexity of the tool. In Perambular and in Dharmapuri, the people did not understand the questions. Hence, sub-questions were prepared to elicit information. According to some NGO representatives, it took about three months for them to internalise the tools. According to them, only those who are literate, with a minimum of 10^{th} class literacy, would be able to fill the report cards. There are difficulties in calculating percentages. One district, also mentioned that repeating the same question to a general group and to the disadvantaged group, is often, monotonous. There is also some confusion on marking negative responses.

To prepare report cards, people have to be met, many times. Frequent visits in the morning and in the evening are necessary to elicit the information. Many of the respondents are not too keen to answer the questions. The volunteers and NGO representatives often, go as a group to gather the information as people do not answer when approached by an individual person. Besides, people are not too keen to talk about the bad experiences. They do not want to report about the MOs or the VHN for fear of reprisals from them. In fact, some reportedly, withdrew from the process.

PRIs too, in many villages are not too keen on the process.

There are instances where the VHN refused to show the records and reports. The verification of reports, therefore, could not be done, in many instances.

One of the important aspects in the state is the sharing of the report cards in the village meetings. The sharing, of the village report cards, was done during August- September 2008. This is an important step as it enabled the people to know the status of the various issues and to discuss how the village can help in moving the red to yellow and the yellow to green. Thus, the first tentative steps for village planning were made in these meetings. This needs to be taken forward.

- The tool adapted in Tamil is a good reference on issues of entitlements and rights and useful for the field personnel.
- Sharing of the report cards in village meetings, initiated the process for village planning

The preparation of the facility report cards are done mostly by the PHC and block coordinators. Few representatives of the VHSCs were part of the team to assess the facilities. However, even the coordinators had difficulties in understanding different types of instruments. They had to rely on what the officials of the health department told them. The purpose of checking the availability of whether there is Boyle's apparatus and whether there is forceps etc is not clear from a community monitoring perspective. This adds to the complexity of the tool.

Cumulating the report cards is done entirely by the NGOs and is more a centralised process.

IV.e. Jan Samwad

Jan Samwads were done in September-October 2008. Hearings were organised in the PHCs besides the districts.

The forum usually highlighted the deficiencies in services, such as non-visit of VHNs, non-availability of ambulance services, lack of clean facilities, poor referral services and fee collection in certain facilities. The community requested more human resources, especially a Gynaecologist, more medicines, X-ray and scanning facilities and ensuring a good referral services. In some instances, the community requested that the out-patient clinic be kept open twice daily.

There were some changes following the Jan Samwad. In some districts, the visits of the VHN became regular[xxx]. The practices of making patients buy medicines and syringes stopped in some facilities[xxxi].

The officials of the health department are not too keen to attend the meeting. There are some instances of disputes occurring between PRIs, health officials and NGOs. An MO (i/c) of PHC in Vellore district was of the view that instead of open meetings, it would be helpful if the issues were discussed with the health department. Subsequently, it could be raised in an open forum.

IV. f. Engaging the Media

Media workshops in all the districts were held around August – September 2008. The media was informed of the activities of the community monitoring and some of the results of the process. No significant details of engaging the media emerged during the review.

Key Issues

- Community mobilisation is an intense process. Meetings are the dominant mode for mobilisation.
- There are some innovations in mobilisation. Children's, youth groups and nursing students were used to mobilise community in one district. Handbills and folk media are also used.
- VHSCs were already formed under NRHM and they were reconstituted. VHSCs are also formed in hamlets.
- In districts like Vellore and Dharmapuri, the Panchayats approved the reconstituted VHSCs in the Gram Sabha.
- In one district, ID cards are issued to VHSC members to ensure their recognition and acceptance by the health department.
- The level of knowledge on rights, NRHM and community monitoring is very limited. Majority of the VHSC representatives interviewed during the review did not have much knowledge on these issues.
- In some of the villages, the members are not aware of the role of the VHSC and their own role in it.
- Only some the volunteers from the literacy movement and the NGO personnel are able to explain these issues.
- A few in the community are able to explain the significance of the colours in the report card.
- The report cards are complex and difficult to internalise even for the NGO volunteers. Preparing the report cards takes time. The volunteers from the literacy movement or the NGOs prepare the cards. The purpose of questions on apparatus at the facility level is not clear.
- However, the sharing of the report card in the villages and discussion around it is helpful. It could lead to the next stage., namely., village health planning.
- The tool adapted in Tamil is a good reference on issues of entitlements and rights and useful for the field personnel.
- The Jan Samwads were held in all the PHCs and districts. These Samwads were more a forum to highlight deficiencies in services and requesting more facilities. Some changes occurred post Janwad but no significant outcome is evident following Jan Samwads.
- No significant involvement of the media emerged too.

V. Programme Management

V.a. Capacity Building

The capacity building is done in a cascade[xxxii]. The State Training fed into the districts and lower down.

Between May to November 2007, when the formal order of the Government was issued, the State Mentoring Group had series of meetings at the district level. They had organised two-day meetings in all the districts to orient the various stakeholders on NRHM and on community monitoring. Meetings were held with various government officials too.

In view of this, instead of the State Workshop and a 5-day state TOT as suggested in the National Guidelines, it was decided to combine the workshop along with the TOT and confine the TOT to three days, with a brief inaugural session. It was felt that it may be difficult to organise a five-day TOT. Following the State TOT, it was decided to have 2 days TOT at the district level and one day in each of the block. This process was to minimise the transmission loss in cascade training ensuring an effective capacity building. More importantly, the process was to ensure a greater ownership at the district level.

Besides class room lectures, in some instances, such as at the PHC level, the training included field visits. During visits, the participants visited facilities, such as, Anganwadi centres, Sub Centres and other health facilities; meet persons who had availed services and persons denied services.

For the NGOs, the process has helped to improve their knowledge and skills. The various coordinators at the block and PHC level felt that the process has helped them to learn about team work, how to interact with the community, develop skills of public speaking, and an ability to understand the problems of the community and address it.

Although, an attempt was made to reduce the transmission loss, many at the village level are still unable to recall the issues discussed during the training. Many VHSC members are not aware of community monitoring or their role in it[xxxiii]. In fact, some NGO volunteers too had difficulty in recall of issues discussed during the training.

V.b. Support, Monitoring and Reporting

Besides the State Mentoring Group, there is also a ten member State Resource Team, to provide support for the process. Few of the members of the State Resource Team, provide significant support for the implementation and capacity building. There was support from the National AGCA in the initial phase. The State Nodal NGO appears to have been more involved in administrative support- in ensuring reports, and in financial aspects. From the State Nodal NGO, two persons were designated- one as a Project Coordinator and the other as Joint Coordinator. The Joint Coordinator appears, to take on more of the role of the point person, on behalf of TNSF.

In the districts, the pattern is one district coordinator, one block coordinator, three PHC coordinators and then NGO volunteers / staff at the village level. The PHC coordinators are responsible for managing the process in all the five villages in each PHC. In Vellore, it was found that while the block and PHC coordinators are paid, the village volunteers are not. The latter, undertake the bulk of the activity at the village level. It may be useful to consider an honorarium for them when the process is scaled up.

The District Coordinator convenes coordination meetings and this helps as a forum to share and to monitor progress. The coordinator is also responsible for documentation and reporting. The district Nodal NGO is responsible for routing of funds and for financial reporting.

The reporting gives the impression of being a cut-paste job. They do not reveal much. The review did not come across any monitoring or field visit reports of the coordinators from the State Nodal NGO or the resource team. It would help if the monitoring systems are more effective

There is some good documentation of the initial processes at the state level. In few districts such as Vellore and Perambalur the reviewer came across documentation of the process. While effort is made to document the process, it could have helped if the documentation is consistent. Some meetings are described, but for others, there is only the participant list. Capacity building for process documentation would help the process.

There are some concerns that the reporting requirements keep changing. It is felt that it would help if the reporting requirements are clear from the beginning so that the data required for reporting are collected. Some NGOs mentioned that some new reports are requested in the middle of the process and the NGOs have difficulty responding to it, as they are not collecting the data on those aspects.

V.c. Financial Management

The fund allocated for four districts is spread over five districts. To that extent, there is less money available across the entire activity. Consequently, there is more voluntary effort of the NGOs to ensure that the programme is implemented. There are some issues that allocation of funds for the workshops was not adequate. However, according to the State Nodal NGO, at an overall level, there are no major issues on finance.

Key Issues

- Capacity building is done in a cascade. The national guidelines on training are modified. The State TOT was reduced to three days and more time was given for orientation at the district and block levels.
- Besides class room lectures, field visits were also organised to build capacity.
- There is transmission loss in the cascade training. Majority of the VHSC representatives are unable to recall the issues discussed in the training or, on issues of rights, community monitoring, role of VHSCs and their own roles in it.
- The process has helped to build capacity of the NGOs.
- The support for the process is provided through State Mentoring Team, State Resource Team and the State Nodal NGO. There were also visits of AGCA members in the initial phase and visits from the National Secretariat.
- In each district, besides the mentoring teams at different levels, there are district coordinators, block and PHC coordinators to provide support to the process.
- The review did not come across any monitoring reports of the coordinators from the State Nodal NGO or the resource team. It would help if the monitoring systems are more effective.
- The reporting gives the impression of being a cut paste job. Documentation is attempted but, was often patchy. It would help to have a better documentation of the community monitoring, which is so process intensive. A better reporting and process documentation is required.
- There are no specific issues on financial management. However, since the funds are spread over five districts, many provided voluntary support for the pilot phase. While this is commendable, it is not sustainable. This needs to be taken care of when the process is up-scaled.

VI. Relation to other communitisation process

There is no ASHA in Tamil Nadu and hence the relation with ASHA does not merit an attention. However, no significant issue of involvement with the Rogi Kalyan Samiti also emerged during the review. It would help to build in and strengthen the relation with other communitisation process.

VII. Gains so far and Moving Towards…

In the limited time of 18 months, that the pilot phase has been effectively on ground, there have been many outputs. These include the translation of materials for orientation and training, forming committees at different levels, undertaking capacity building through training and orientation, mobilising the community, preparing report cards, organising Jan Samwads, engaging the media, organising advocacy on the process with key stakeholders in the government, and preparing for the up-scaling of the process.

Given the effort required for these tasks, the attainment has been very significant. More so, as a lot of volunteerism, commitment and passion has gone into the process and this is a commendable. It would be easy to build on this process for scaling up.

However, given the duration that the process has been on ground and given the fact that only one cycle of monitoring has been done, it is too early to assess the outcomes. A broad sweep, indicating what could be the potential outcomes from the process is described.

The process of bringing in the community to be in the centre-stage in health delivery has begun. It has made them a significant stakeholder in public health system. VHSCs have given voice and visibility to the community. Communities have a better sense of their entitlements and hence their expectation from the public health system has increased. This is evident from the issues raised in the Jan Samwad. People are also beginning to perceive the health department as being responsive. In Kanyakumari district, where the private health facilities dominate, people are willing to consider reverting to the public health facilities, if the quality improves.

More importantly, the process had enabled an inter-face between the community and the health department.

The process of community monitoring has also thrown up number of issues that need rectification too. There are many instances of VHN not staying in the SCs[xxxiv]. Most do an up down to the SC and the communities face a problem in accessing her. In districts, like Tiruvellore, the poor infrastructure was found to be the reason why VHNs do not stay. This has also had some positive impacts. Panchayats, in some instances, have come forward to improve the SCs to ensure the VHN stays in them, for instance in Kanyakumari district.

The process has helped to improve accountability. The department has begun to engage the community and to respond to its requests. In Pernampet, consequent to the process, the visit of VHN has become regular. Many instances of denial where the people were asked to buy syringes have now been resolved. The duty roster and timings of the VHN are displayed now. The SCs now have a board, which indicates the roster of visits of the VHN. The mobile number of the VHN is also displayed in few of the SCs so that she could be contacted. One of the PHC in the interior of the

Gummdipoondi block, Tiruvellore district was often closed as it is an interior one and has no proper transport access. The MO, travelled from Chennai every day. Following monitoring, the PHC is kept open and the MO visits the PHC regularly.

The interesting aspect is also that the VHNs have come to learn about the availability of untied funds and now request for the allocation from the MOs. The process of empowerment of VHNs is also believed be happening.

The Review recommends the continuation of the process in the state.

VIII. Recommendations for scaling up

While recommending the continuation of the process and its scaling up, it is suggested that the process be done in an incremental manner. It may be helpful to first expand the process to all the villages under the 45 PHCs where the community monitoring is being implemented. Then the process could be expanded to cover all the villages in the five districts and then eventually taken forward for the entire state. This would help to build capacity of the community and enable acceptance of the process by the health department.

The review suggests that planning and monitoring go together. The community ought to undertake a need based village plan and it should monitor whether the plans are being implemented.

The review recommends a substantial simplification of both the tool and the process for implementation. The current tool, although useful in many ways, is very complex and would need an elaborate institutional arrangement for it to be prepared, collated and put together. Hence, to enable the up-scaling, the process needs to be simplified. There is a need to recognise the value of community time too.

It may be useful to anchor this process within an existing arrangement in the health department to ensure buy-in by the health department. As mentioned earlier, the acceptance by the district official is vital for the implementation of this process. To enable this acceptance, the process has to be anchored in an arrangement, which is acceptable to the health department.

However, while the implementation could be anchored in an existing arrangement in the health department, the oversight responsibility should be kept separate. The oversight committee at the state and districts should have representatives of government and civil society.

The process, when scaled-up, should not be limited to a one-year cycle, in the manner in which the pilot phase was done. The process needs significant nurturing. It should go through a minimum of at least two to three cycles, before a decision on restructuring and revamping is taken.

The State Mentoring Team, Resource Team and the various arrangements at the district level, ought to be the resource pool to facilitate the implementation.

Annex 1: Schedule of Visits and Meetings

Date	Place	Details
Nov 03, 2008	Chennai	Meeting with PD NRHM
Nov 18, 2008	Tirupathur	Meetings with District Nodal NGO
		Field Visit to Narianeri village
		Meeting with PHC MO (i/c)Gajala Naicken Patti
		Field Visit to Anganadavalasai village
Nov 19, 2008	Tirupathur	Field visit to Jalliyur village
		Meeting with PHC MO (i/c) Kunichi PHC
		Meeting with Volunteers, block coordinator & District Coordinator & members of block Nodal NGO
Nov 20, 2008	Tirupathur	Meeting with block Coordinators of Vellore District
		Meeting with Health Department officials, Deputy Director, Tirupathur
Nov 30, 2008	Chennai	Meeting with District Coordinators of 4 districts
Dec 11, 2008	Chennai	Meeting with State Resource Team
		Meeting with PD, NRHM and DPH
Dec 12, 2008	Chennai	Meeting with State Nodal Officer, Community Monitoring
Dec 13, 2008	Chennai	Meeting with State Nodal NGO

Annex 2: Documents Consulted

TNSF, Booklet on Tools (in Tamil)

TNSF, Booklet on Rights and Entitlements (in Tamil)

TNSF, Community Monitoring and Planning: An Interim Report

Documentation Reports of Kaniyambadi, Tirupathur, Pernambut blocks.

Documentation Reports of Perambalur

[i] The Government representatives were the Mission Director, NRHM and the State Nodal Officer appointed by the health department to coordinate the activities of community monitoring.

[ii] In Tiruvellore taluk, the activities are done only in eight villages and during review, it was mentioned that the NGO has not completed the activities. However, the data from the national secretariat indicates that VHSCs have been formed in all the villages.

[iii] Interview, TNSF, December 13, 2008.

[iv] TNSF had published booklets on health and with the support of Department of Science and Technology had implemented a project to monitor child health. For this project, which was implemented in seven districts, they had a volunteer for every 200 households to monitor the growth of the child. TNSF also formed SHGs and as a part of the SHG intervention they addressed women's health, specifically, the issue of anaemia.

[v] In her earlier role as Professor in the Medical College, she had taught many of the officials of the health department and they respect her.

[vi] State level Review Meeting held on August 7, 2008.

[vii] Interview with NGO representative, Voice Trust at Tirupathur on November 19, 2008.

[viii] However, even in Vellore, the level of involvement varies. In one of the PHC, the MO (i/c) said while she meets the Panchayat President during her field visit, she is not aware of the VHSCs (Interview with MO on November 18, 2008 in Tirupathur block). In a meeting held on November 19, 2008 at Tirupathur one of the Health Inspector, said that it was important to ensure that correct information was provided to the community by the NGOs. He led in criticising the entire approach and questioning some of the information provided. The other officials from the health department, who were present at the meeting, kept quiet neither confirming nor contradicting, what he said. Few of the VHNs who were present in the meeting, said that they are aware of the process.

[ix] In Kaniambadi block, Vellore District, in one of the up-graded PHC the MO (i/c) refused to share any information despite letters from the Deputy Director. After her transfer, the relation is better. Interview with NGO Representative on November 19, 2008.

[x] The MO (i/c) in one of the PHC said that she allowed access for the PHC monitoring team to visit the PHC, as there was a letter from the Deputy Director, who said that this was an activity under the NRHM. Otherwise, she said that she would not have allowed any one to access the PHC.

[xi] The Deputy Director of Tirupathur concluding the meeting held on November 19, 2008 said that there is a need to view this process as expressing a felt need of the community. He said that this is not an audit of the department but more a tool to assess its strength and weakness. He expressed his support for the process.

[xii] A Deputy Director observed that that if instances of corruption are highlighted, then there is bound to be an adversarial reaction. He said that there is a need for a judgement call on what is the larger objective of the process. If the process is meant to show the department in poor light then, he felt that this is a very short term approach, which could kill the process. On the contrary, if the process, perseveres and gradually builds the capacity of the community to engage with the health department then, this would help both the community and the department. In the long run, the community could begin to address issues of corruption and ensure accountability of the department to the community, once, the capacity of the community to address such issues is strengthened.

[xiii] Interview with Representatives of State Nodal NGO on December 13 2008.

[xiv] One of the reasons is the respect that many have for a member of the State Mentoring Team, who is from this district. In Kaniambadi block owing to the long involvement of TNSF, there is rapport with the PRIs but even here, it is reported that PRIs never turned up and the meetings are often conducted without their presence.

[xv] The PRI representatives often suggest that the meeting be held in their absence. Members of the VHSCs mentioned this during the review process.

[xvi] Interview with Block Coordinator, Kaniyambadi block on November 19, 2008 at Tirupathur.

[xvii] A Panchayat President was not keen to have SC representatives in the VHSC and he had to be persuaded to do so. Another Panchayat President wanted to know the process by which the village, he represents, was chosen. He does not attend any meetings and is reported to be telling the health department that the community monitoring is against the health department.

[xviii] Interview with PRI Representatives on November 18, 2008

[xix] The Panchayat according to the Panchayat President of Anganadavalasai, in Vellore district spends more time discussing issues related to light, water, road and check dams.

[xx] This was mentioned on few occasions by the representative of the State Nodal NGO and further reiterated during the interview on December 13, 2008.

[xxi] In the meeting of the NGOs held on July 30, 2007 at Perambalur district, the 13 NGOs who had come for the meeting decided on the blocks and the NGOs who would undertake the community

monitoring. The same meeting also finalised the members of the District Mentoring Committee, Report of the Mentoring Committee Meeting, CHAT, Perambalur district, July 30, 2007.

[xxii] The MO in Additional PHC of Gajala Naicken Patti in Vellore district said that there was no discussion with her on village selection. The NGO representative, who was present in the meeting agreed and said that it was lapse on their part. However, in Kunichi PHC the MO (i/c) said that she was consulted on village selection.

[xxiii] TNSF had been working in Kaniyambadi block, Vellore district, for many years, undertaking various activities. Yet, according to the representative of the Kaniyambadi block, it took them about 3 days to mobilise the communities in each village. Interview with Kaniyambadi Block Coordinator on November 19, 2008 at Tirupathur.

[xxiv] In villages where the Christian population is in a majority, the church has to be consulted on most issues. Once an issue is discussed with church officials then, it is announced during the Mass. In these villages, there is also a federation of sorts- called the Anbiyam, which is a cluster of 30 families who belong to the larger Peravai (federation). Thus, the process of mobilisation and forming community groups has already occurred in these villages and hence mobilisation was easier. Interview with representatives of Kannyakumari district on November 30, 2008.

[xxv] The Panchayat President in Anganadavalasi, Vellore district, only knew that she also heads the VHSC on the day the review team went to her village on November 18, 2008. In the same village many of the VHSC members did not know what is the role of the VHSC and their own role in it. In a village under Kunichi PHC too, neither the community nor the VHSC members knew much.

[xxvi] One of the state representative present during the review mentioned that if we had known this was the status then we could have put in more effort to improve their understanding and deferred the preparation of the report cards. In other words, the issues that should have come up during the process of routine monitoring became evident during the review.

[xxvii] Majority of them are probably dormant too. Even the PRI representatives are not aware that such committees exist in the village. In May 2008, the Panchayat President of Edaiayakurichi village, in Perambalur district, said that until that day, she was not aware about a VHSC and its roles and responsibilities.

[xxviii] In Narianeri village, Kandili block, Vellore district, there are no SC representative. The SCs are not represented in the Panchayat too.

[xxix] Interview with District Representatives on November 30, 2008 at Chennai

[xxx] This is said to have occurred in Kanyakumari district, following a Jan Samwad, Interview with representatives of Kanyakumari district on November 30, 2008.

[xxxi] This was observed in Kanyakumari district, Interview with representatives of Kanyakumari district on November 30, 2008.

[xxxii] A State Level Workshop on Community Monitoring was organised from December 3, 2007. About 70 persons participated in the workshop. The State Mentors, Government officials and representatives from the five districts participated in the workshop. Following the workshop, a two-day State TOT was organised on December 4-5, 2007. The district workshops were organised in end December 2007 in all the districts. The participants were from the blocks and the district officials and NGO representatives.

[xxxiii] In the villages visited for the review in Vellore district, except the volunteers from the literacy movement, other members often didn't know the role of the VHSCs, their own role in it and about community monitoring.

[xxxiv] One of the issues in many of the SCs is that the VHN rarely stays in them. For instance in Vellore, in one block, the VHN stayed in only four SCs out of the 15 villages under community monitoring. This was observed in Dharmapuri district too.