Community monitoring of health services in Maharashtra, India

Practitioners convening on Community monitoring for accountability in health, Johannesburg 18-20 July 2011

Abhay Shukla
SATHI and People’s Health Movement, India
When those with authority lack motivation,
Then those with motivation must begin to exercise authority...
Community monitoring and planning—national first phase

States selected for first phase (June 2007 – Mar. 2009)
- Assam
- Chhattisgarh
- Jharkhand
- Karnataka
- Madhya Pradesh
- **Maharashtra**
- Orissa
- Rajasthan
- Tamil Nadu

[Map indicating Maharashtra with a population of 112 million.]
Scale of community based monitoring (CBM) in Maharashtra

Five pilot districts: formation, orientation and activity of

• 500 Village Health Committees
• 78 PHC Committees
• 23 Block Committees
• 5 District committees

From 2011, CBM has now increased from 5 to 13 districts, Expanding to cover 750 villages
Levels of committees for Feedback & Action

State Planning & Monitoring Committee

District Monitoring & Planning Committee

Block Monitoring & Planning Committee

PHC Monitoring & Planning Committee

Village Health, Water supply, Nutrition and Sanitation Committee
Structure of CBM within each district
CBM is entirely funded by National Rural Health Mission, is part of State health plan

CBM activities from village to state level are organised by networked civil society organisations and community based activists
Key processes
and major tools for community monitoring
Key processes in Community monitoring

- **Capacity building** of VHC and monitoring committee members through trainings
- Monitoring by committee members through *data gathering and filling report cards* at village, PHC, Rural Hospital levels.
- Based on report cards, *dialogue with health functionaries* (Public hearings or mass dialogue)
- *Media coverage*
- *State level conventions and dialogue*
- *Continued coordination* among nodal NGOs at block, district and state levels
Awareness building on health by village meetings and posters
Simple tools for community monitoring

- Monitoring booklet forms
- Village Health Calendar
- Interview format for MO PHC / CHC
- Actual medicine stock taking at PHC/CHC
- Format for Exit interview (PHC / CHC)
- Documentation of testimony of denial of health care
Village Health Calendar

Village Health Report card
VHC members and block facilitators **collect data** regarding health services at village, PHC and Rural Hospital level.

**Report Cards** prepared by them after analyzing data collected from community

**Displayed in poster form** in the village and PHC
Public hearings: a forum for dialogue and accountability

- Report cards and cases of denial presented.
- Health officials respond to issues raised by people.
- Actions ordered regarding services at village, PHC and Rural hospital levels.
- Nearly 100 Public hearings organised so far at PHC and district levels.
Key role of mass media:
Over 200 media articles published related to CBM so far
• **Dawandi** - Health rights newsletter

• 24 page quarterly from June 09, seven issues so far

• 1500 copies distributed to PHCs, Rural hospitals as well as NGOs, POs and VHCs
Objective positive impact of Community monitoring in improving health services
CBM has contributed to significant improvements in rural health services

- Practice of PHCs prescribing medicine from private shops has largely stopped
- Illegal charging and private practice by certain medical officers has now been checked
- Frequency of visits of ANM and MPWs in villages has led to improved village health services in many villages
- Definite improvement in immunisation coverage in many villages
- Certain sub-centres and mobile units which were not working have now started functioning
- Staff behaviour and responsiveness have improved
‘Good’ ratings for village level Health services across 220 villages in Maharashtra over 3 phases

<table>
<thead>
<tr>
<th>Phase</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Phase 1</td>
<td>48%</td>
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<tr>
<td>Phase 2</td>
<td>61%</td>
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<tr>
<td>Phase 3</td>
<td>66%</td>
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</tbody>
</table>

- **Phase 1**: July-Sep 08
- **Phase 2**: Mar – Apr 09
- **Phase 3**: Oct – Dec 09
‘Bad’ and ‘Partly satisfactory’ ratings for village level Health services across 220 villages

Partly satisfactory and Bad evaluations over 3 phases

<table>
<thead>
<tr>
<th>Phase</th>
<th>Partly Satisfactory</th>
<th>Bad</th>
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<tbody>
<tr>
<td>Phase 1</td>
<td>28%</td>
<td>25%</td>
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<td>Phase 2</td>
<td>23%</td>
<td>16%</td>
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<tr>
<td>Phase 3</td>
<td>20%</td>
<td>14%</td>
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Phase 1: July-Sep 08
Phase 2: Mar – Apr 09
Phase 3: Oct – Dec 09
Good evaluation trends over 3 Phases for Immunisation services

Good evaluation trends over 3 Phases for Anganwadi (pre-school child care) services
Increase in people’s OPD utilisation in PHCs covered by CBM

<table>
<thead>
<tr>
<th>Year</th>
<th>Thane district OPD per PHC per month</th>
<th>Thane CBM OPD per PHC per month</th>
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</thead>
<tbody>
<tr>
<td>07-08</td>
<td>741</td>
<td>721</td>
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</table>

- Increase in Thane district PHCs OPD: 17%
- Increase in Thane CBM PHCs OPD: 34%
Increase in people’s inpatient utilisation in PHCs covered by CBM.
Increase in deliveries in PHCs covered by CBM

<table>
<thead>
<tr>
<th></th>
<th>07-08</th>
<th>08-09</th>
<th>09-10</th>
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<tbody>
<tr>
<td>Thane district</td>
<td>116</td>
<td>175</td>
<td>172</td>
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<tr>
<td>deliveries per PHC annual</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Thane CBM deliveries per PHC annual</td>
<td>101</td>
<td></td>
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</tbody>
</table>

Increase in Thane district PHC deliveries: 48%
Increase in Thane CBM PHCs deliveries: 101%
Positive and negative contextual factors

• Enabling environment of National Rural Health Mission – related to 2004 elections
• Existing PHM network and widespread activity of civil society organisations
• Tools, methods and capacities developed in PHM Right to healthcare campaign
• Limited responsiveness of State Public health bureaucracy
• Widespread corruption – health system barriers
• Some decline in proactive health ministry commitment towards CBM at national level
Challenges and complementary approaches

- **Corruption** from top to lower levels – purchase, appointments, postings, untied funds
- **Over-centralisation** of decision making
- **Major shortages of medicines** at all levels due to ineffective procurement and corruption; shortages of staff due to lack of permanent appointments, poor working conditions
- PHM network now developing **campaign on key systemic issues** which are not getting adequately addressed through CBM
- Parallel **advocacy efforts at state level** to strengthen wider social support and political commitment to CBM
Walking on two legs: Developing CBM in health system framework combined with broader health campaigns

Expanding available spaces – Community monitoring

Developing health rights struggles and policy related campaigns for structural change
When people’s knowledge and people’s organisation are combined, change becomes irresistible.