How to make the health system work for people

Community based monitoring and planning in Maharashtra, India

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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

Process is led by coalition of Civil Society organizations which are part of PHM, Maharashtra

From 2011, CBM has now increased from 5 to 13 districts, Expanded to cover nearly 700 villages
Participatory committees for Feedback & Action

- State Planning & Monitoring Committee
- District Monitoring & Planning Committee
- Block Monitoring & Planning Committee
- PHC Monitoring & Planning Committee
- Village Health Committee
- Elected reps
- Public Health officials
- Delegates from lower committees
- CBO / NGO reps
Key processes in CBM

• **Community awareness** through hamlet and village meetings, posters, arogya yatras
• **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)
• **State level conventions and dialogue**
‘Arogya Hakka JATRA’
Health Rights Awareness Campaign

- Process for creating awareness in community through ‘SKIT’ on situation of Health services followed by meeting with community.
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, PHC and CHC.
Public hearings: a forum for equalizing ‘POWER’ and dialogue for 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 200 Public hearings organised so far at PHC, block and district levels
Qualitative improvements in health services in CBM areas

• 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
• Certain non-functional sub-centres, mobile units, lab facilities now started functioning
‘Good’ ratings for village level Health services across 220 villages in Maharashtra over 3 phases

- Phase 1: 48%
- Phase 2: 61%
- Phase 3: 66%
Higher increase in people’s OPD utilisation in PHCs covered by CBM
Increase in deliveries in PHCs covered by CBM

<table>
<thead>
<tr>
<th>Year</th>
<th>Thane district deliveries per PHC annual</th>
<th>Thane CBM deliveries per PHC annual</th>
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</thead>
<tbody>
<tr>
<td>07-08</td>
<td>116</td>
<td>104</td>
</tr>
<tr>
<td>08-09</td>
<td>175</td>
<td>172</td>
</tr>
<tr>
<td>09-10</td>
<td>172</td>
<td>209</td>
</tr>
</tbody>
</table>

Increase in Thane district PHC deliveries: 48%
Increase in Thane CBM PHCs deliveries: 101%
Public systems can get transformed
When the public takes initiative to reclaim and change the system!