

Arogyashreni - GRAAM's 3 year project on community monitoring of primary health centres demonstrates that rural communities have the willingness as well as capacities to use technology to bring positive changes.

Background

Community participation in monitoring of health services is both a desired and essential component of the vision of the National Rural Health Mission (NRHM), Government of India's flagship health program. Towards this different committees have been mandated by the mission viz. Village Health and Sanitation Committee, Arogya Raksha Samiti/Rogi Kalyan Samiti, PHC Planning and Monitoring Committee (PMC) among others. However, there is a great need for training and capacity building of these committees to ensure the success and sustainability of community monitoring.

Advocacy with and by Communities

Arogyashreni – an action research project implemented by GRAAM across Mysore District of Karnataka covering 112 rural PHCs worked with communities to build their capacities in monitoring the PHCs with the aid of technology and thereby improve the services.

Members of PHC Planning and Monitoring Committee (PMC), one of the committees mandated by NRHM at the PHC level participated in this project by responding to a questionnaire about the availability and quality of services of their PHCs using Interactive Voice Response technology and contributed to the ranking of PHCs across the district. The questionnaire was used as a checklist for monitoring and also served to be a useful tool for dialogue with various stakeholders. With increasing awareness, the community members took a step beyond just monitoring and were involved in carrying out advocacy efforts at the local level to bring about changes in their PHCs.

The project's field facilitators worked intensively with PMC members in 34 out of 112 PHCs in rural Mysore facilitating regular meetings among the members, dialogue with doctors, identifying problems and strategizing on addressing them locally, or escalating the matter appropriately. These efforts have yielded positive changes on the ground as well as in attitudes and perspectives.

With a little handholding, we found that communities are extremely innovative in identifying gaps to be filled, mobilizing local resources and utilizing their circle of influence to address issues of their health centers.



“The reason for going beyond the process of ranking the PHCs and working with communities to bring changes were the communities themselves. Responding to the survey repeatedly without seeing any improvements created a demand for change. And then we thought, communities can drive these changes themselves.”

Sham N. Kashyap

Project Coordinator, Arogyashreni

Summary of Successes

- Out of 34 PHCs, positive changes are noted in at least 26 of them as a result of community involvement in monitoring.
- Vacant positions of 9 medical doctors, 1 Lab Technician, 1 Ambulance Driver and 1 Group D worker have been filled as a result of consistent efforts and follow-up by the committee members
- Infrastructure improvements ranging from construction of new laboratory, toilets to making provision of water supply and repair of buildings and electrical fixtures have been undertaken in at least 17 PHCs.
- Land for construction of a PHC was mobilized in a village (where a Primary Health Unit with only a rudimentary setup was converted to a PHC)
- Through dialogue with PHC staff, community members of a village have been able to restart sterilization (for family planning) camps in their PHC
- Villagers have on their own taken out rallies to make people aware of the facilities in their PHC and encourage people to use the PHC instead of going to private hospitals.

"We came to know our role as members of PHC Planning and Monitoring committee through this project and were also inspired to bring changes by ourselves in our PHC."

Ninganna

Gram Panchayath Member,
Beerihundi, Mysore Taluk

As a result of the initiatives of the PMC members of Beerihundi PHC, a new water tank was constructed in the vicinity of the PHC. Apart from patients getting drinking water, this tank has enabled the doctor to conduct minor operation in the PHC and also enabled health staff to stay at the PHC during campaigns such as the Pulse Polio Program.

Key Contributing Factors

- **Capacity building:** Through consistent capacity building efforts of the project, communities could discuss the subject of health with a greater understanding of underlying factors. This helped the communities in IDENTIFYING THE PROBLEM.
- **Dialogue & relationship building:** The platform provided by the project for dialogue helped the community members build and improve relationships with the doctors and other PHC staff significantly. This in turn has led to a better ARTICULATION OF THE CHANGE desired and the resources required to address the same.
- **Ownership:** Finally, it is the sense of ownership that drives community members to use their circle of influence innovatively and consistently follow-up till the ISSUES ARE ADDRESSED.



The Road Ahead

That communities have the willingness and the capacity to drive changes is effectively demonstrated in the Arogyashreni experience. The Government along with concerned stakeholders must now ensure that community monitoring becomes a sustained movement. A two pronged approach is recommended for this.

1. Program to strengthen community monitoring through capacity building at the grassroots level in partnership with reliable local NGOs. The program should feature consistent financial and technical support for a minimum of 3 to 5 years and a periodic social audit must be an integral part of the program.
2. Capacity building and orientation of doctors and other health functionaries in communitization processes in line with the vision of NRHM.



About GRAAM

GRAAM (Grassroots Research And Advocacy Movement) is a public policy research and advocacy initiative based in Mysore, India focusing on research incorporating grassroots perspectives and advocacy based on empirical evidence that reflects community 'voice' and is characterized by a collaborative approach. Incubated in Swami Vivekananda Youth Movement (SVYM) for about 3 years since January 2011, GRAAM has undertaken research, evaluation, consultancy projects and advocacy initiatives in the sectors of public health, education, sanitation, nutrition, human development, livelihoods, disabilities, CSR and media. For more information, please visit www.graam.org.in

Grassroots Research And Advocacy Movement

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