



Minutes of the State Advisory Group on Community Action Meeting (Community Monitoring)

NRHM



Venue: NRHM Conference Hall, Laitumkrah, Meghalaya, Shillong.

Date: 30th April 2013

Time: 11:00 am

INTRODUCTION:

The State Advisory Group on Community Action meeting under Community Monitoring was held in the NRHM Conference Hall, Laitumkhrach, Shillong on the 30th April 2013 at 11 AM. The meeting started with the introductory speech from the chairperson Shri. D.P.Wahlang, Commissioner and Secretary, Health and Family Welfare Department Cum Mission Director (NRHM). This was followed by a self introduction from the participants, after which a welcome address was being given by Dr. Shullai, Joint Director (MCH&FW).

WELCOME ADDRESS:

At the outset Dr.Shullai, Joint Director (MCH&FW) expressed her thanks to the Commissioner for sparing his valuable time in making himself available in the meeting. She also extend her warm welcome to the Assistant Director of Social Welfare, Dr A.K.Nongkynrih, the State Nodal NGO, District Nodal NGOs, District Officer and all the friends and colleagues from NRHM for their presence in the meeting, whereby their presence is mandatory hoping that their active participation will provide valuable inputs to the progress of the programme.

PROGRESS OF THE PROGRAMME:

Presentation on the progress of the programme was presented by the Smti. D. Passah (State Programme Executive) stating briefly on the initial stage of the programme which was started in 2010 consecutively followed by the formation and selection of different NGO, selecting of committee members and orientation to all these components till 2012. Data collection was started in 2012-2013 showing out that a lot of correction needs to be taken and look up to. The following points were presented during the programme:

Recalling back - the State Programme Executive recall back on the meaning of the community monitoring

- Community monitoring means periodically checking up the progress to ensure that the work is moving towards the decided purpose, and the purpose has not shifted, nor has the work got derailed in any way.
- Such a review can help to identify obstacles in the work, so that appropriate changes can be made to cross the obstacles.

Objective - she also mention on the objectives of the programme

- It will provide regular and systematic information about community needs.
- It will provide feedback according to locally developed standard/yardsticks.
- It will provide feedback on the status of fulfillment of entitlements, functioning of various levels of the public health system and service providers, identifying gaps, deficiencies in services and level of community satisfaction.
- It will enable the community and community based organizations to become equal partners in the planning process.

Implementing

- Mentioning on the implementation of the programme, it is being implemented in 3 districts of the state.
- From each district 3 blocks were selected totalling of 9 blocks.
- Under each block 3 PHCs were selected altogether 27 PHCs.
- From each PHC, 5 villages were selected altogether it comes to 135 villages.

In Place - the State Programme Executive also point out the different committee members of the programme which are listed below

- State Advisory Group on Community Action Cum State Monitoring & Planning Committee
- State Mentoring Team
- District Monitoring & Planning Committee Cum District Mentoring Team
- PHC Monitoring & Planning Committee
- Village Health Sanitation and Nutrition Committee cum Village Monitoring and Planning Committee.

Activities - the following are the activities done as mentioned by the State Programme Executive

- Orientation and Re-orientation of District Monitoring and Planning Committee Cum District Mentoring Team at the district level by DMHO and District Nodal NGO.
- Orientation and Re-orientation of the PHC Monitoring and Planning Committee by the District Nodal NGO at block level by the District Nodal NGO.
- Orientation and Re-orientation of the VHSNC Cum Monitoring and Planning Committee at the village level by the District Nodal NGO.
- Review meeting of the PHC MPC with the District NGO at the Block level
- Review meeting of the VHSC MPC with the District NGO at the Village level
- Data Collection for the 1st and 2nd Quarters completed.
- 3rd Quarter data collection under process.

Activities ahead - the following are the activities stated to be carried out in future

- Review meeting of the DMPC with the District NGO at the District level.
- Compilation of the 2nd and 3rd Quarter Data Collection need to be completed by the State Nodal NGO.
- Public meeting and consultation at Village level needs to be done.
- Public Hearing/Jan Samvad at the Block level needs to be organized.

PRESENTATION OF THE REPORTS COLLECTED THROUGH DATA COLLECTION:

Mr. Ronal (State Nodal NGO) presented on the different issues monitored under community monitoring i.e. at the community level and facility level and later continued with the presentation on the key findings compiled by them which was collected by the District Nodal NGOs, district wise for the **first quarter data collection 2012-13**.

Community Level

- | | |
|---------------------------------------|---|
| 1. Maternal Health Guarantees: | Focusing on the services provided by ANM, ASHAs, AWW to the pregnant mothers. |
| 2. Janani Suraksha Yojana: | Focusing on incentives paid to the beneficiaries |
| 3. Child Health: | Focusing on the different immunization programmes for children, functioning of the AWW in providing nutrition to the children |
| 4. Disease Surveillance: | Focusing on the functioning of the MPW in distribution of chlorine tablets, providing awareness about outbreak of diseases |
| 5. Curative Services: | Focusing on Health Giving activities by ANM, ASHA and AWW |

- 6. Untied Funds:** Focusing on the presence and the functioning of the VHSC and the Funds received
- 7. Quality of Care:** Focusing on interpersonal relationship of the ANM, Staff Nurse and Doctors with the patients.
- 8. Community perception of ASHA:** Focusing on the functioning and services rendered by the ASHA
- 9. ASHA Functioning:** Interview with the ASHA focusing on the collaboration with AWW in organizing health day programmes, escorting pregnant women for delivery and incentives received by ASHA

Facility Level

- Sub Centre Checklist:** Focusing on availability of Infrastructure/ Equipment and personnel and Service availability
- PHC Checklist:** Focusing on availability of Infrastructure/ Equipment and personnel and Service availability
- Exit Interview under PHC Checklist:** Focusing on any un-official charges levied by the Health centers and the quality of care rendered by the doctors and nurses.
- Interview with Medical Officers under PHC Checklist:** Focusing on the functioning of the RKS and the funds utilized.

KEY FINDINGS

EAST KHASI HILLS DISTRICT:

Shella PHC

- The people are well aware about the services provided by the PHC however they are reluctant to utilize the same as they have been continuously denied of their basic human rights in terms of issuing of birth certificates as they belong to the garo community which is not recognized by the traditional heads. (Khasyndha Village)
- The villages falling on the other side of the river felt the urgent need for a sub centre.

Laitkynsew PHC

- The PHC is fully functional.
- Participation of people at the village level is very low. Even though programme is organized several times people refuse to attend meetings (Nongwar Village).

Mawsahew PHC

- Shortage of water because the PHC do not have a proper water source.
- The PHC does not have sufficient number of GNMs and there is a frequent turnover of GNMs, ANMs.
- For issue of birth certificate a token money is charged from the beneficiaries (amount is inconstant).

Mawryngkneng PHC

- The MO is not available 24x7, hence there was a case of service denied to a pregnant woman.

- There are few cases where pregnant women who are due for delivery are often being sent back by the PHC because according to their examination it is not their due time. But most of them gave birth on the way back to their villages.

Diengpasoh PHC

- With the exception of chowkidar, the PHC does not have staffs who are residential.

Smit PHC

- According to the local residents, the PHC is functional from Monday to Saturday from 9 am to 3 pm.
- The MO expressed the need for working together with the community member to create sense of ownership when it comes to the PHC.
- People from far off villages who do not fall under the PHC's jurisdiction come for treatment and even for delivery in this PHC because according to them they get the best services from the doctor and the PHC as a whole.

Laitlyngkot PHC

- Even though the PHC has improved there is shortage of water and medicines.
- Rupees twenty only is given as incentive for IUCD.
- Patients with dental problem cannot be treated because of lack of equipment and room reason being the post of the dentist is on deputation.

Laitryngew PHC

- Most deliveries are done at home due to unavailability of transportation. Due to bad condition of roads ambulance services can reach only up to Mawkma village which is 5kms from Laitlyndop village.
- Complicated cases of delivery like pre eclampsia and pre lapsed cases cannot be treated at the PHC.
- Shortage of GNM and rooms for MCH and Lab.

Swer PHC

- People from far off villages who do not fall under the PHC's jurisdiction come for treatment and even for delivery in this PHC because according to them they get the best services from the doctor and the PHC as a whole.

JAINTIA HILLS DISTRICT:

Bataw PHC

- The pregnant mothers find it difficult to go to the PHC for delivery as it is far from their village.
- The ANM is not regular in the Sub-centre because the Sub-centre is not well maintained.
- Only some of the children get immunization because of less medicine and there is no cold storage.

Rymbai PHC

- One of the beneficiaries completed her ANC Check-up and delivered at home but did not receive any JSY payment. (Rangad village).
- The people from the villages are unaware of the existence of the VHSNC in their respective villages.

Wapung Pamra PHC

- Health Day is not being conducted in the village.(longkaluh)
- Villagers are totally ignorant about the VHSNC Fund as general meeting has never been conducted with the villagers.
- The Villagers expressed the need for a labour room in the PHC. Most of the time they visit Khliehriat CHC and Privatet Hospital for the same. (longkaluh)
- As stated by ASHA, no incentives were paid to her for the range of services provided by her.

looks PHC

- The ANM failed to visit the women who delivered their babies at home. (lawthymme)
- Weight machine is not available at the AWW centre. (Umsalait)
- ASHA was found to be not so much active. (looks lapkhla)
- ASHA did not received any financial incentives according to norms (looks lapkhla and *Nongryngkoh*)

Mynso PHC

- ANM (sub-centre) is not regular. (Phramer)
- Weight machine for infant is not functioning. (Phramer)
- Health Day has not been conducted due to irregular functioning of ASHA.(Pammanik)
- During data collection the headman of Phramer village informed that the ASHA of this village is not active and does not attend any meetings, so the VHSNC fund lay stagnant in the bank without being utilize since the signature of the ASHA is also needed for the same.

Shangpung PHC

- Majority of the women go to both PHC and private hospital for delivery.
- Some of the women never take their baby to PHC for DPT immunization. (Shangpung Mission)

Nangbah PHC

- *Health Day has not been organized from the ASHA, ANM and AWW.*

Nartiang PHC

- *Most of the children died when they are 11-12 months (Mynsgat) reason being unknown by the doctor but suspected to be pneumonia.*
- *ASHA does not accompany most of the pregnant woman in relating with their ANC (longlwit)*

Khliehrychi PHC

- Most of the community people are unaware about the VHSNC Fund and no meetings were being conducted by the VHSNC committee in order to make the community aware about the Fund.

WEST GARO HILLS DISTRICT:

Belbari PHC

- Oxygen cylinder not working and empty.
- People of Assam take more PHC services then the locals.

- People of Chondon Nokat and Parengpara hardly visit the PHC as they visit Betasing PHC as it is nearby.
- No sharp pit for waste disposal.

Betasing PHC

- Hospital building congested and not sufficient wards, less rooms.
- Constant power failure.
- No public latrine.

Rangsakona PHC

- No staff quarter for paramedical staff.
- Vaccine carrier insufficient and need urgently specially for polio.
- No citizen's charter.
- Ambulance not working.

Baithbari PHC

- Iron folic acid and Vitamin A solution not received till date.
- Doctor available only once or twice a week.
- No proper waste management system.

Garobadha PHC

- Proper dumping pit need immediate construction.

Jeldopara PHC

- An infertility capsule syprofraxacin which had been banned long before is being received by the PHC even today.
- The PHC is well maintained and had better hospital equipment compared to other PHCs with sincere and hardworking hospital staffs.
- Hospital is quite congested and urgently required room for ante- natal clinic, immunization room, medicine store, laboratory need renovation, meeting hall, OT for NHB etc.
- Even though the PHC has well constructed waste disposal bins, waste materials are still being dumped in the PHC corridors.
- Rochon Para sub centre is in a dilapidated condition.

Salmanpara PHC

- Requires 5 KV generator to pump the water from the bore well.
- Staff quarters inadequate.
- Salmanpara PHC has the safest waste disposal management system.
- Darugre village (6KM) from PHC has recorded 100% institutional delivery.

Zikzak PHC

- Birth Certificate is being issued after the nine (9) months to encourage the mothers to take complete vaccination for their children, but if the patient is from other service area the certificate is issued directly after birth.

- There is no diet supply.
- Citizens Charter in local and Assamese language is needed.
- There is no sharp pit for dumping the sharp equipments.

Kalaichar PHC

- Bore well available and well connected to the PHC however the pump needs replacement which has not been done.
- Need proper waste disposal system.

Summarization of Findings

- Lack of awareness amongst the community about the role of VHSC, RKS, MPW.
- Bad road conditions result in non utilization of the PHCs.
- Traditional beliefs with respect to child birth, child health is a factor that prevents people from accessing to immunization and institutional delivery.
- Lack of infrastructure has caused the staffs to become non residential.
- Seasonal medicines like anti diarrhea, fever, and cough are not indented on time.
- Doctors of some PHCs visited 2-3 times in a week.
- Some PHCs are located at an area which is not easily accessible to the villagers.
- According to the communities the service deliveries of some PHC is good.
- No regular Health Day from some ASHA, ANM and AWW conducted.
- Most of the community people are unaware about the VHSNC Fund and no meeting conducted by the VHSNC committee in order to make the community aware about the Fund.
- Irregular water supplies and electricity almost all the PHCs of West Garo Hills.
- Insufficient staff in some of the PHCs.
- Insufficient equipments and out of order equipments in most of the PHCs.

DISCUSSION/SUGGESTIONS

- It was decided that data collection under community monitoring should continue till the 4th quarter even though the process is lacking behind reason being funds were release very late.
- Suggested that certain format needs to be relook and reframe with few more experts so as to get concretize data.
- Sample size is not very clear like the number of staff, nurses, doctors and beneficiaries.
- VHSNC members should be train on documentation of the Utilization Certification (UC) making them aware to make use of their benefits.
- VHSNC should be orient clearly to the public so that it will ensures that community speaks for itself and to bring public ownership also to challenge the facilitation of certain denomination.
- VHSNC should be properly looked up as there is low performance despite availability of funds.

- **It is mandatory that the Block Programme Manager should maintain documentation and work hand in hand with the committee members so as to proceed the work in order and systematically.**
- It was suggested that community monitoring should come up both as strong and weak points so that we can work on the weak points.
- District Review meeting under this programme should be conducted regularly.
- It was discussed that reporting format under community monitoring should be change to 6 months and higher authorities' approval need to be consent.
- **The District Programme Manager should be the secretary of the District Nodal Officer in-charge to handle all the activities of the community monitoring programme.**
- It is not desirable to include doctors for long duration of training programme as this hamper the services to the public.
- More involvement of the Medical Officers in the Community Monitoring programme is necessary as they are the Executive Chairperson of the PHC Monitoring and Planning Committee.
- Out of order equipments should be reported to the higher authorities concern so that necessary steps can be taken.
- Parameter should be rated for different components in order to conclude the best functioning of the PHC.
- Suggested to change member of the PHC Monitoring and Planning Committee i.e. BDO who is chairperson of the committee should be replace by the Medical Officer due to frequent transferable posting.
- It was suggested by the Chairperson (Commissioner) that in every PHCs and CHCs VHSNC signboard should be displayed.

CONCLUSION

A vote of thanks was delivered by the Ms. Hepzibah Jungai (Programme Assistant) expressing gratitude to all members of the committee for sparing their precious time whereby decisions arrived at will go a long way assessing progress of the programme towards achieving its goal.

Members present:

1. Commissioner & Secretary, Health and Family Welfare Department cum Mission Director, NRHM, Shillong.
2. Director of Health Services (MI), Shillong.
3. Joint Director of Health Services (MCH&FW) Shillong.
4. Assistant Director of Social Welfare Department, Shillong.
5. Assistant Director of Social Welfare Department (ICDS), Shillong.
6. Professor A. K. Nongkynrih, Sociology Department, NEHU, Shillong.
7. Assistant Professor N. West Kharkongor, IIM, Shillong.
8. Add. District Medical and Health Officer, Jaintia Hills District, Jowai.
9. Sr. M&H, West Garo Hills District, Tura.
10. District MCH Officer, East Khasi Hills District, Shillong.
11. Sr. Isabel, Health Programme Manager, Bakdil Sipsed, Tura.
12. Training Co-ordinator, NRHM, Shillong.
13. Consultant and Quality Assurance, NRHM, Shillong.
14. Public Health Consultant, NRHM, RRC, Shillong.
15. State Finance Manager, NRHM, Shillong.
16. State Facilitator, NRHM RRC, Shillong.
17. Monitoring and Evaluation Coordinator, NRHM, Shillong.
18. State ASHA Program Manager, NRHM, Shillong.
19. State NGO coordinator, NRHM, Shillong.
20. State Program Executive, Community Monitoring, NRHM, Shillong.
21. State Community Process Coordinator, NRHM, Shillong.
22. Programme Assistant, Community Monitoring, NRHM, Shillong.
23. Executive Secretary, VHAM, State Nodal NGO, Shillong.
24. Project Coordinator, VHAM, State Nodal NGO Shillong.
25. Project Assistant, VHAM, State Nodal NGO, Shillong.
26. Project Assistant, VHAM, State Nodal NGO, Shillong.
27. District Programme Coordinator, SEWS, District Nodal NGO, West Garo Hills District, Tura.
28. Block Programme Coordinator, SEWS, District Nodal NGO, West Garo Hills, Tura
29. Project Assistant, SEWS, District Nodal NGO, West Garo Hills.
30. Accountant, Grassroot, District Nodal NGO, East Khasi Hills, Shillong
31. Project Coordinator, Grassroot, District Nodal NGO, East Khasi Hills, Shillong.
32. District Programme Coordinator, Grassroot, District Nodal NGO, East Khasi Hills, Shillong.
33. Block Programme Coordinator, Grassroot, District Nodal NGO, East Khasi Hills, Shillong.
34. Project Coordinator, MCSWA, District Nodal NGO, Jaintia Hills, Jowai.
35. Project Assistant, MCSWA, District Nodal NGO, Jaintia Hills, Jowai.

