Annual Report of Community Action for Health under National Health Mission (1ST APRIL 2022 to 31st March 2023)

INTRODUCTION

Community Action for health (CAH) is a method, which is used to get beneficiary feedback about a particular government Health service. CAH enables to know people's feeling and satisfaction levels about the service and accordingly explore necessary areas for improvement to satisfy them. CAH bridges the gap by involving community members in the assessment of services in order to improve them. It is a kind of social audit of the public health services which serves to facilitate active participation of people who are otherwise in different towards the state of affairs in the health system.

Objectives of Community Action for health (CAH):

- "The people's movement for the people's right to public health " **Key Objectives of CAH:**
 - To create awareness among the people about the rights and duties of public health services available under the National Health Mission
 - Increase public participation in health care planning to strengthen the community Action for health (CAH) process and increase the sense of responsibilities, accountability and parenting among the local population.
 - To create a responsible empowered society for the monitoring of public health services as well as for the people to lead public health.

Project Area for Implementation of CAH process:

Sr.	Name of	Nam <mark>e of</mark> The	Total PHCs	Total villages
No	SDH/RH	Bloc k		
1	Vaijapur SDH	Vaija pur	6	30
2	Gangapur SDH	Gangpaur	5	25
	Total	2 Blocks	11 PHCs	55 Villages

Activities under Community Action for Health Process (CAH):

Formation of District Planning and Monitoring Comity:

A steering committee has been formed at the district and state level since 2007 under the people based monitoring and planning process on health services. Looking at the experience of the district and state level steering committee at both the level till now the Graff of work has been increasing.

At district level formed **District Planning and Monitoring Comity** (DPMC) in this comity 10 to 15 members were selected as per the National health mission guidelines and through this DPMC Committee active group members of committee visited to the PHCs of Gangapur and Vaijapur block and monitored the health facilities as required.

Objectives of the Committee: The work of this committee is to monitor the health services of the Primary Health Centres and rural hospitals in the district and to integrate the health plans of the Primary Health Centres and Talukas; Based on this annual health planning of public health services in the district is to be done.

District & Block Level Workshop:

District /Block level workshop were held at Mahsule probodhini Aurangabad under Community Action for health Process in which all district, block and PHC, village level health officers and federation members were participated.

Topic covered in the workshop: Formation of DPMC, HWC, formation of Jan Aarogya Samiti at PHC Level, Sub centre level committee as well as CHOs roll & responsibilities and responsibilities of DPMC members in community action for health process.

Formation of Jan Aaarogya Samiti (JAS): At PHC/HWC and Sub Center level: Formation of Jan Aarogya Samiti (JAS) at facility level

- Based on the feedback, Conduction of participatory Audit and planning of HWC-PHC services and RKS funds.
- Regular meetings of Jan Aarogy Samitee at SC, PHC and Block Level including "Rogi Kalyan Samitee" meetings in quarterly basis.
- Public hearing/Jansamvad at HWC-PHC & block level.
- Focused on Village level interventions-
- Community-based awareness on various new health entitlements, including pregnant and lactating women(RCH)
- Regular contact with patients linked with chronic illnesses like TB, NCDs etc.
- Coordinating with ASHA and Health federation members as JAS to collect feedback about Health services

Public Hearing (Jansamvad): At Gangapur and Vaijapur Block:

The Taluka level Public Hearing (Jansamvad) was successfully held at Vaijapur and Gangapur block, At the outset, the public hearing was opened in the presence of Health Authorities of the villages (Sub center level and PHC/HWC Level health officers present) Villagers raised issues regarding poor health services provided by the some of the PHC s AND Sub centers , Susceptible sections of the society, especially the women and the children to give them health amenities of the highest possible standard. Continuous

improvement in the current system and a habit of feedback and constant communication from the people's side was endeavored.

On the basis of the feedback received, the perspective of the villagers was taken so that a sense of ownership gets inculcated among the people.

Some issues raised in the public hearing organized at the PHC level were still pending which were discussed and an immediate solution was seeked and THO gave the orders to their health officers for providing quality services to the needy peoples in the village.

Capacity Building of VHSNC Committee: in the each village as per government norms VHSNC was established and through this committee members have to develop and make effective plans for good health of villagers, control on some of the epidemic, health, hygiene, water and sanitation, clean drinking water facilities to the villagers.

Through the CAH conducted capacity building training of the VHSNC members, and explain them roll and responsibilities of the VHSNC.

ACTIVITIES AND OUTCOMES

- Established a District Planning and Monitoring Committee under the CEO of Zilla Parishad with 15 members. Conducted a district workshop for Jan Aarogy Samiti, training 225 Community Health Officers (CHOs).
- Initiated monitoring and evaluation of health service quality at Primary Health Centers and Sub-Centers through the DPMC Committee.
- Engaged over 50,000 community members in health rights awareness, leading to active involvement in health service assessments and demands for timely, quality, free health services during public hearings.
- The "Community Action for Health (CAH)" project is a key initiative under the National Health Mission that actively involves community members in the 55 villages across two blocks of Aurangabad to enhance and monitor public health services. This approach empowers the community, fostering a collaborative environment for health service improvement.
- By emphasizing a collaborative healthcare model, the project strives to create a society that is proactive in leading and overseeing public health enhancements.
- Covered and monitored health services in 55 villages, 55 Sub-Centers, and 11 Primary Health Centers across Vaijapur and Gangapur blocks.
- Organized 11 Primary Health Center meetings with health officials, attended by 275 people; held 55 Sub-Center meetings with 825 participants; and conducted 35 HNSC trainings, educating over 945 members.