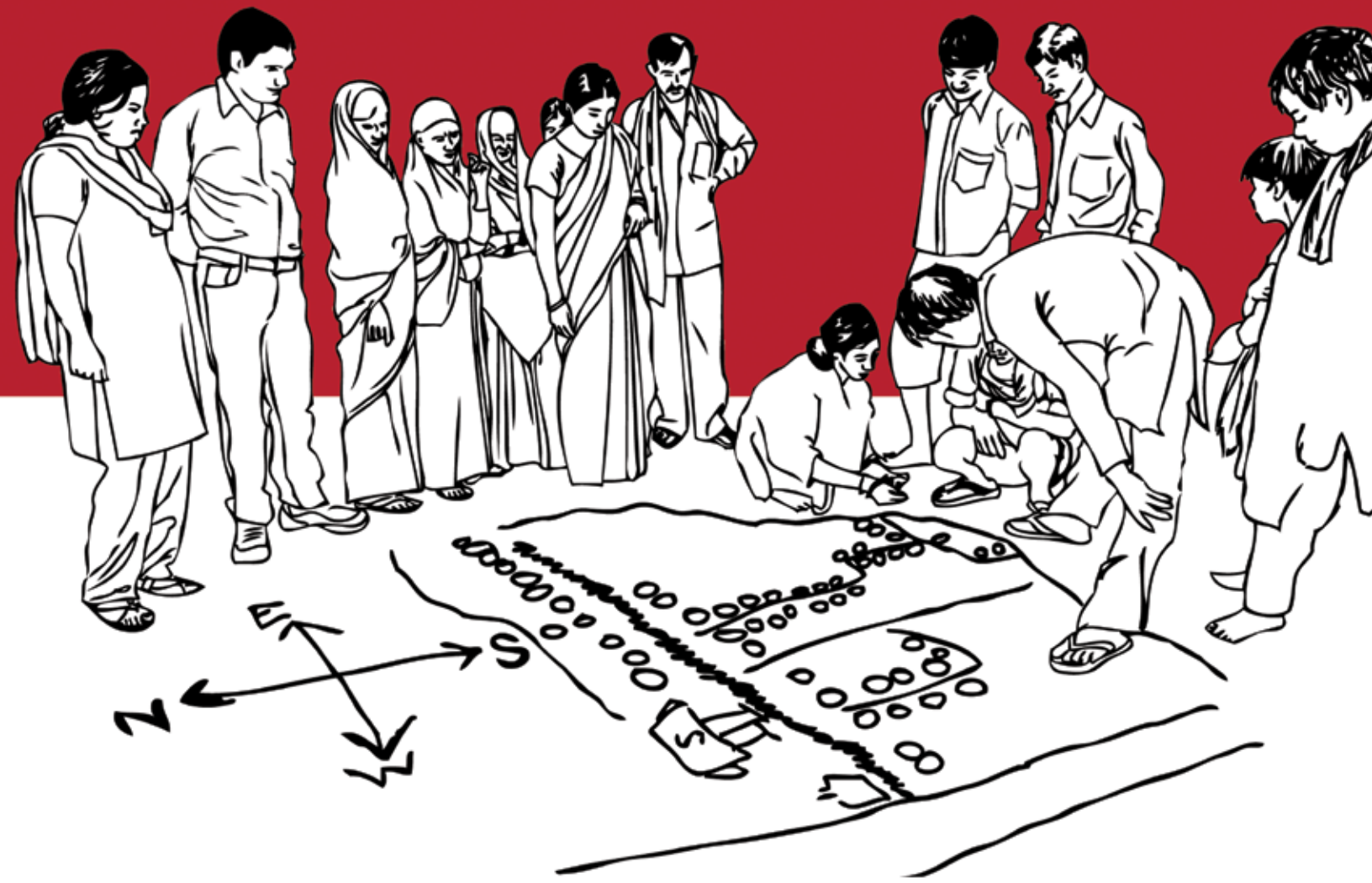
NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

Community Action for Health
USER MANUAL



Community Action for Health - User Manual

Acknowledgements

The User Manual is based on the tool used in over 1,600 villages and 300 facilities in the first phase of community monitoring from 2007 to 2009. The manual and tool were reviewed by a sub-group comprising representatives of civil society organisations, the Advisory Group on Community Action (AGCA) and the National Health Systems Resource Centre.

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Purpose of the Manual

This manual has been designed for the members of the Village Health Sanitation and Nutrition Committee, the Primary Health Centre Planning & Monitoring Committee, the Block Planning & Monitoring Committee and the District Planning Monitoring Committee.

It will guide them to conduct community-level enquiry using a set of formats, and in compiling Village Level Report Cards and Facility Report Cards. This will help in capturing key gaps in public services, and sharing of the findings with senior authorities.

The manual has six parts – Part A includes an introduction to Community Action for Health and the understanding and assessing of health systems; Part B details the composition and role of Village Health, Sanitation and Nutrition Committees and the tool for community enquiry; Part C details the role and processes of the PHC Planning and Monitoring Committee; Part D includes Block Planning & Monitoring Committee (BPMC), while Part E has the details of the District Planning & Monitoring Committee; Part F covers the sharing of results, and processes for conducting a Jan Samwad.

The document also includes two annexes. Annexure I has the tool with formats to be used for community enquiry and facility survey, and Annexure II includes an overview of the implementation and capacity building strategy.

Acronyms

AGCA	Advisory Group on Community Action
AF	ASHA facilitator
ANM	Auxiliary Nurse Midwife
ANC	Antenatal Care
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
AWC	Anganwadi Centre
BCM	Block Community Mobiliser
CBMP	Community Based Monitoring and Planning
CBO	Community Based Organisation
CMO	Chief Medical Officer
CMHO	Chief Medical Health Officer
CHC	Community Health Centre
ICDS	Integrated Child Development Services
IUCD	Intrautrine Contraceptive Device
JSY	Janani Suraksha Yojana
NGO	Non Government Organisation
MoHFW	Ministry of Health and Family Welfare
MTA	Mother Teacher Association
MO	Medical Officer

NHM	National Health Mission
ORS	Oral Rehydration Salts
PFI	Population Foundation of India
PMC	Planning and Monitoring Committees
PTA	Parent Teacher Association
PHC	Primary Health Centre
RKS	Rogi Kalyan Samiti
SC	Sub Centre
VHND	Village Health Nutrition Day
VHSNC	Village Health, Sanitation and Nutrition Committees

Contents

PART A

Introduction

The Government of India launched the National Rural Health Mission (NRHM) in 2005.The mission aims to undertake architectural correction of the public health system and to improve access for rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care. While the mission covers the entire country, there is special focus on 18 states, which have weak public health indicators or infrastructure.With the launch of the sub-mission on urban health in 2013, it is now called the National Health Mission (NHM).

Community Action for Health

Community Action for Health, earlier known as Community Based Monitoring and Planning (CBMP) of health services, is a key strategy under the National Health Mission (NHM). It is envisaged as an important pillar of NHM's Accountability Framework in order to ensure that the services reach those for whom they are meant. The accountability framework proposed in the NRHM is a three-pronged process that includes internal monitoring, periodic surveys and studies, and community based monitoring. Community monitoring is also seen as an important aspect of promoting community led action in the field of health. The provision for Planning and Monitoring Committees has been made at PHC, Block, District and State levels. The adoption of a comprehensive framework for community-based monitoring and planning at various levels places people at the centre of the process of regularly assessing whether the health needs and rights of the community are being fulfilled.

In 2005, the Ministry of Health and Family Welfare (MoHFW) constituted an Advisory Group on Community Action (AGCA) under the NRHM. This group was mandated to advise NRHM on community action including community monitoring initiatives. It comprises eminent public health professionals and

civil society representatives. The Population Foundation of India (PFI) hosts the Secretariat of the AGCA.

Understanding and assessing health systems

A health system refers to people, institutions and resources, arranged together to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill health. Service guarantees under the National Health Mission as well as additional guarantees provided by the states are updated periodically and vary from one state to the other. It is critical to identify and list all guarantees within the state and use the information to mobilise communities and adapt the tool for community and facility enquiry.

We can assess the performance of a health system by its–

- Responsiveness: availability, access, acceptability and quality
- Efficiency: value for money
- Equity: investing on increasing access to health services by vulnerable groups; narrowing the health gaps between the top and bottom deciles of population

Advantages of monitoring and planning by the community

Advantages for the public health system	Advantages for the people
■ People's view point /feedback about services provided can be taken into account.	People get the opportunity and space to put forth their complaints regarding health services, and to give their opinion about the services they need.
■ It helps in providing health services to more beneficiaries.	Unnecessary expenses on private healthcare is avoided as improved public services are utilised.
■ A relationship of mutual understanding and co-operation is built between people and the public health employees.	People learn in detail about the government's health services and schemes.
■ A review can be done about the extent to which the objectives of the health services have been achieved.	People do not remain mere beneficiaries of health services, rather they participate actively in the implementation of these services.
■ Obstacles in achieving the objectives of health services can be identified well in time.	Some health problems at the village level can be solved through co-operation.
■ Transparency in the provision and functioning of health services becomes possible. Employees and officers at all levels become proactive.	The health system becomes accountable to the people.

PART B

Village Health Sanitation and Nutrition Committee (VHSNC)

Role of VHSNCs in Community Action for Health

The Village Health, Sanitation and Nutrition Committee (VHSNC) formed at the level of each revenue village has the following objectives:

1. To provide an institutional mechanism for the community to be informed of health programmes and government initiatives, and to participate in the planning and implementation of these programmes, leading to better outcomes.
2. To provide a platform for convergent action on social determinants and all public services directly or indirectly related to health.
3. To provide an institutional mechanism for the community to voice its needs, share experiences and issues regarding access to health services, so that the institutions of local government and public health service providers can respond appropriately.
4. To empower panchayats with the understanding and mechanisms required for them to play a role in governance of health and other public services, and to enable them to lead their communities for collective action for the attainment of better health.
5. To provide support and facilitation to community health workers – ASHA and other frontline health care providers who interface with the community and provide services.

Key functions

- Monitoring and facilitating access to public services and correlating with health outcomes
- Organizing collective action at the local level for health promotion

- Facilitating service delivery at the village level
- Village health planning
- Community monitoring of health facilities
- Monthly meetings
- Management and accounting of untied village health fund
- Maintaining records

The composition of a VHSNC

Composition
• Gram Panchayat members from the village • ASHA, Anganwadi Worker, ANM • SHG leader, Secretary of the Parent Teacher Association (PTA)/Mother Teacher Association (MTA), village representative of any community based organisation working in the village, user group representative Chairperson: Panchayat member (preferably a woman or SC/ST member) Convenor: ASHA; where ASHA is not in position, then the Anganwadi Worker of the village

The Tool

The tool, given in Annexure I, has two sets of formats:

1. **Formats for outreach services-** This set of formats covers entitlements under maternal and child health, family planning, adolescent health, and general health services at the village, and services provided for children under six years of age through the Integrated Child Development Scheme (ICDS). The data collected from these formats is compiled in the form of a Village Health Report Card. The formats under this set are listed in Table 1.
2. **Format for the Sub Health Centre-** The format covers infrastructure, availability and quality of services and manpower at the Sub Health Centre. Data collected from this format is compiled as the Sub Health Centre Report Card.

Table 1– List of Formats and Methodology for Data Collection at the Community and Facility

Community-level tools					
S. No.	**Tool**	**Methodology**	**Respondents**	**Number**	**Format Number**
1	Maternal Health Services	Individual Interview	Mothers who have delivered in the last six months	5 per village (3 from marginalised and 2 from general population)	Format No-1
2	ASHA Support Services	Individual Interview	ASHA	all ASHAs	Format No-2
3	Adolescent Health Services	Focus Group Discussion	In-school and Out- of-school children of 11-19 age group (8 per group). Mixed group	1 per village	Format No-3
4	Village Health Services	Focus Group Discussion	A mixed group of 10-12 men & women	2 per village (one from marginalised and one from general population)	Format No-4
5	Child Health Services	Individual interview	Mothers of children aged 0-2 years (8-10 in a group)	5 per village (3 from marginalised and 2 from general population)	Format No-5
6	ICDS Services	Focus Group Discussion	Mothers of children in the age group 0-6 years	1 per village (one more group discussion to be conducted if there are marginalised group)	Format No-6
7	Anganwadi Centre (AWC)	Individual Interview/ Observation	Aanganwadi worker	1 per Anganwadi centre	Format No-7
8	Mid day Meal & School Health	Focus Group Discussion	5-10 students	1 per school	Format No-8
Facility-level tool					
9	Sub Centre	Individual Interview/ Observation	ANM	1 per sub centre	Format No-9*

The Process

There are three steps to the Community Action for Health process:

Step 1: Preparatory Activities

- The VHSNC will fix a suitable day for the activities related to the preparation of the Village Health Report Card.
- The VHSNC will undertake awareness creation activities in the community through *nukkad nataks, kala jathas,* wall writings etc. This is to make the communities aware of their health related entitlements. After awareness generation, hand holding support should be provided to the VHSNC members for conducting meetings for at least six months before the monitoring activities are initiated.

* As per the Guidelines for Community Processes, Ministry of Health and Family Welfare, Government of India, 2013

- The VHSNC will decide and nominate representatives for undertaking the activities related to monitoring, using the tool, and preparing the village health report card and facility score card.
- The VHSNC members, including the ASHA, will ensure inclusion of the voice of the marginalized sections during the process of monitoring and in preparation of the reports cards.

- Make one or two members of the VHSNC responsible for speaking about the availability of services at the village level and required improvements during the village meeting.

- During the inital stages, VHSNC members will be supported by the ASHA facilitator/NGO/ CBO who would demonstrate each monitoring activity at least for the first two rounds.
- The support is crucial for equipping community members to participate in the development of the Village Health Report Card, and VHSNC members to independently conduct village level meetings and beneficiary interviews.
- The Village Health Report Card is to be prepared biannually and submitted to the PHC Planning & Monitoring Committee. The tool is administered through focus group discussions (FGD) and individual interviews.

Step 2: Monitoring outreach services in the village: The process includes a set of focus group discussions and individual interviews

Activity 1: Focus Group Discussions

The formats to use for different audiences or groups are mentioned in Table 1.

The process is given below–

- Different groups should be constituted for different formats. For example, a group consisting of women with children (0-6 years) will be asked to fill the format for ICDS services (Format No-6), whereas a mixed group will be asked for their perspectives on general health services (Format No-4, quality of care, water & sanitation, disease surveillance, curative services etc.)
- VHSNC members should inform the groups in advance for ensuring participation in FGDs.

- Women representatives, including the ASHA, should facilitate the group consisting of mothers with children of 0-6. However, for the other groups, both male and female representatives of VHSNC should facilitate the meeting. Participation of panchayat members should be sought as facilitators.
- After an initial round of introductions, the facilitator explains to the participants the objective of the FGD and about the various services and entitlements under NHM.
- The participants should be informed that this meeting is part of a chain of interactions that the VHSNC would have with the local community under the Community Action for Health programme.
- The facilitator should then use the formats to fill in the information. The facilitator should engage the group by asking them to think about the issue, encourage different perspectives and then come to a consensus on what the colour code should be.

- The group discussion should be conducted around the issues mentioned in the specified formats and responses noted down.
- Conclude the meeting by mentioning that the results will be shared in a village meeting through a village report card.

Activity 2: Individual Interview

The formats to use for different audiences or groups are mentioned in Table 1.

- During group discussions, VHSNC members can identify respondents for the interview—mothers who delivered in the last six months (whether in an institution or at home).
- The respondents should be told about the various entitlements under NHM.
- After describing the objective of the interview, explain the process of community action. Explain that the interview is first in the chain of interactions that the VHSNC will have with the local community in the process of community based monitoring. Assure the beneficiaries about maintaining confidentiality.
- Conduct the interview with different respondents as per issues mentioned in the specified formats.
- The responses should be recorded in the format by the colours Green, Yellow or Red depending upon the response.
- Count the number of Green, Yellow, Red marks for each service and fix the final colour code as per the collation criteria.
- Conclude the interview by mentioning that the results will be shared in a village meeting.

Conducting Facility Survey in the Sub Health Centre

The information about the infrastructure and services in the Sub Centre will be collected through Format No. 9. The format will be filled by direct observation.

Compilation of Village and Facility Level Report Cards

The data collected through the formats will be collated into two types of report cards – the Village Health Report Card and the Sub Health Centre Report Card. Each format has themes and sub themes under which questions are designed. The report cards list the themes and sub themes. The colour of each sub theme depends upon the collation of responses for each question under that particular sub theme. Similarly, the colour of each theme depends upon the collation of the colour of subthemes under it or the collation of the response of each question if the theme doesn't have any sub theme. The criterion for collation is given in the Table 2.

Table 2– Collation Criteria

Criterion	Final color
If the number of GREEN tick marks are more than 75%	GREEN
Between 50 to 74% GREEN Or If the number of GREEN tick marks are less than 50% but total number of GREEN and YELLOW are more than RED	YELLOW
The total number of GREEN and YELLOW are less than the number of RED	RED

The themes and sub themes of the report cards are as follows:

Table 3–Village Health Report

Village: Year:
Block: Period:
District:

S.No	Themes	Good	Average	Poor
1	**Maternal health**			
	Antenatal care			
	Delivery			
	Post natal care			
	Family planning			
	Janani Suraksha Yojna (JSY) entitlement			
	Janani Shishu Suraksha Karyakram (JSSK)			
2	**Adolescent health services**			
3	**ASHA support services**			
4	**General health services**			
	Quality of care			
	Disease surveillance			
	Curative services			
	Untied fund			
5	**Child health services**			
	Immunisation			
	Childhood illness			
6	**ICDS services**			
	Nutritional guarantees			
	Growth monitoring			
	Referral services			
	Other services			
	Participation by community			
	Discrimination			
7	**Mid-day meal & school health**			
	Mid-day meal services			
	School health			
8	**Perception of ASHA functioning**[1]			

Table 4– Facility Report Card (for Sub Centre)

Village: Name of subcentre:
Block: Total Population covered by subcentre:
District: Distance from PHC:

Tool/issue	Good	Average	Poor
Availability of staff			
Availability of Infrastructure			
Availability of services			

Sharing of Report Cards and the Follow up Process

Sharing of findings: After the preparation of community and facility report cards, a meeting is to be organized by the VHSNC with village residents, members of community based organisation (CBO), Self Help Groups, the ASHA and the ANM. The VHSNC Chairperson will share the findings of the report cards, discuss gaps and identify the steps for corrective action. This is then formulated as a Plan. The details about preparing the Village Health Plan are given in Guidelines for Community Processes. One can use the planning sheet (Table-5) for preparing the plan.

Table 5– Planning Sheet

Gaps (marked as Red & Yellow in Report card)	Reasons for gaps	Possible Solution	Responsibility	Timeline	Support Required
a.					
b.					
c.					

[1] *It may be noted here that perception of ASHA functioning will be captured from Maternal health, Adolescent Health, General Health and Child Health services tools.*

[2] *National Rural Health Mission (2013). Guidelines for Community Processes, Ministry of Health & Family Welfare, New Delhi.*

Plan for follow up:

- The locally developed action plan needs to be followed up at the village level. This can be done during the monthly meeting of the VHSNC.
- The issues not resolved at the village level would be taken up at the PHC level for resolution and included in the block level plans.

PART C

PHC Planning and Monitoring Committee (PHC PMC)

The Primary Health Centre (PHC) Planning and Monitoring Committee would monitor the services at the PHC level and help find solutions to issues raised by VHSNCs and sub centres in its coverage area. It is recommended that the PHC Committee has representation from the Panchayats, health care service providers and the civil society.

The Composition of PHC Planning & Monitoring Committee

Composition
■ 30% members should be representatives of Panchayat Institutions (Panchayat Samiti members from the PHC coverage area). ■ 20% members should be non-official representatives from the village health committees. ■ 20% members should be representatives from NGOs/CBOs and people's organizations working on community health and health rights in the area covered by the PHC. ■ 20% members should be health and nutrition care providers, including the Medical Officer – Primary Health Centre and at least one ANM working in the PHC area. ■ 10% members should be from the PHC-level Rogi Kalyan Samiti. **Chairperson:** Panchayat representative, preferably a Panchayat Samiti member belonging to the PHC coverage area **Executive chairperson:** Medical Officer of the PHC **Secretary:** One of the NGO/CBO representatives

The committee will administer formats prepared for assessment of services at the PHC level. There are two types of formats as given in Table 6 and placed at Annexure I:

Table 6– Facility-level formats for PHC

Facility-level formats				
Primary Health Centre (PHC)	Observation	Medical Officer	1 per PHC	Format No-10*
Exit Interview at facility	Individual interview	Patient/ attendant	5 per facility - include at least three women	Format No-12

These formats will be administered through two types of activities – Individual interviews and direct observations.

Activity 1: Individual Interview

Format No 12 will be filled through individual interviews. The process of the individual exit interview is given below:

- At least five patients leaving the facility after availing the services will be interviewed.
- Be considerate about the patient's health condition while conducting the individual interview.
- Informed consent for interviews should be taken from the patient and attendant before the interview is done.
- Explain the purpose of the interview, and assure the patient that confidentiality will be maintained.
- The responses should be recorded in the format and each response is to be marked as Green, Yellow or Red.

Activity 2: Direct Observation

Format No 10 will be filled through direct observation by members of the PHC Planning and Monitoring Committees.

Compilation of PHC Report Card

The PHC Report Card will be compiled in a similar way as described in the Village and Sub Health Centre Report Card in Part A. The collation criterion is given in Table 2. The PHC Report Card is given in Table 7.

* As per the Guidelines for Community Processes, Ministry of Health and Family Welfare, Government of India, 2013

Table 7– Facility Report Card at PHC level

Block: Period:
District: Name of PHC:
Year:

Format/issue	Good	Average	Poor
Availability of Infrastructure			
Availability of staff			
General Services			
Availability of medicines			
Availability of curative services			
Availability of reproductive & maternal health services			
Child care and immunization services			
Laboratory and epidemic management services			

Cumulative Report Card at the PHC level:

In addition to the PHC report card, the PHC Planning and Monitoring Committee will collate the report cards prepared by VHSNCs for Village Health and Sub Health Centres. The cumulative report cards of Village Health and Sub Health Centres are given below in Tables 8 and 9.

Table 8– Cumulative Village Report Card at PHC/Block level

S. No.	Issue	Number of villages		
		Good	Average	Poor
1	Maternal health services			
1.1	Family Planning services			
2	Adolescent health services			
3	ASHA support services			
4	General health services			
5	Child health services			
6	ICDS services			
7	Mid-day meal scheme			
8	Perception of ASHA functions			

Table 9– Cumulative Sub Health Centres Report card at PHC/Block level

S. No.	Issue	Number of Sub Centres		
		Good	Average	Poor
1	Availability of staff			
2	Availability of infrastructure			
3	Availability of services			

PART D

Block Planning and Monitoring Committee (BPMC)

The main role of the committee constituted at the block level would be to monitor the services at the Community Health Centre and find solutions to the issues identified by the PHC Planning and Monitoring Committees. The committee will also work for the consolidation of PHC-level health plans. This committee would have members drawn from service providers, representatives of VHSNCs, PHC Planning and Monitoring Committees and panchayats.

The composition of Block Planning and Monitoring Committee:

Composition
■ 30% members should be representatives of the Block Panchayat Samiti (Adhyaksha/Adhyakshika of the Block Panchayat Samiti, or its members, with at least one woman). ■ 20% members should be non-official representatives from the PHC health committees in the block, with annual rotation to enable representation from all PHCs over time. ■ 20% members should be representatives from NGOs/CBOs and people's organisations working on community health and health rights in the block, and involved in facilitating monitoring of health services. ■ 20% members should be officials such as the Block Medical Officer, the Block Development Officer, selected Medical Officers from PHCs of the block. ■ 10% members should be representatives of the CHC level Rogi Kalyan Samiti **Chairperson:** Block Panchayat Samiti representative **Executive chairperson:** Block Medical Officer **Secretary:** One of the NGO/CBO representatives

The BPMC will meet every quarter.

The committee will administer formats prepared for assessment of services at the CHC level. There are two types of formats as given in the Table 10 and placed at Annexure I.

Table 10– Facility-level formats at CHC

Facility-level formats				
Community Health Centre (CHC)	Individual interview/ Observation	Senior Medical Officer	1 per CHC	Format No-11
Exit Interview at facility	Individual interview	Patient/ attendant	5 per facility- include at least three women	Format No-12

These formats will be administered by members of the BPMC through individual interviews and direct observation.

Compilation of Block/CHC Report Card

The block/CHC report card will be compiled in a manner similar to the Village and Sub Health Centre Report Card. The collation criterion is given in Table 2. The Block/CHC Report Card is given in Table 11.

Table 11– Facility Report Card at Block/CHC level

Format/issue	Good	Average	Poor
Maternal health services			
Family planning services			
Curative services			
Outreach services			
Infrastructure			
Availability of drugs, contraceptives, and non-medical supplies			
Human resources			
Accountability			
Maternal and infant death review			

Cumulative Facility Report Card: All the facility report cards under the catchment area of the CHC will be consolidated to form the Cumulative Facility Report card as given in Table 12.

Table 12– Cumulative PHC card at Block/district level

S. No.	Issue	Number of PHCs		
		Good	Average	Poor
1	**Availability of infrastructure**			
2	**Availability of staff**			
3	**General services**			
3.1	Availability of medicines			
3.2	Availability of curative services			
3.3	Availability reproductive and maternal health services			
3.4	Child care & immunization services			
3.5	Laboratory & epidemic management services			

Table 13– Cumulative CHC card at Block/district level

S. No.	Issue	Number of CHCs		
		Good	Average	Poor
1	Maternal health services			
2	Family planning services			
3	Curative services			
4	Outreach services			
5	Infrastructure			
6	Availability of drugs and non-medical supplies			
7	Human resources			
8	Commoditization			
9	Maternal and Infant Death Review			

PART E

District Planning and Monitoring Committee (DPMC)

The DPMC constituted at the district level would contribute to the development of the District Health Plan. This committee would have members drawn from service providers, representatives of VHSNCs, PHC PMCs, BPMCs and panchayats.

The composition of the DPMC:

Composition
■ 30% members should be representatives of the Zila Parishad
■ 25% members should be district health officials, including the District Health Officer /Chief Medical Officer and Civil Surgeon or officials of parallel designation
■ 15% members should be non-official representatives of block committees
■ 20% members should be representatives from NGOs/CBOs and people's organizations working on health rights and regularly involved in facilitating community-based monitoring at other levels (PHC/block) in the district
■ 10% members should be representatives of Hospital Management Committees in the district
Chairperson: Zilla Parishad representative.
Executive chairperson: Chief Medical Officer (CMO) or officer of equivalent designation
Secretary: One of the NGO/CBO representatives

One of the major roles of the DPMC will be to review the issues emerging from the reports of the BPMC and plan for corrective action. Members of the DPMC would also be expected to actively participate in the block level Jan Samwad.

PART F

Sharing of the Results and Conducting a Jan Samwad

The report cards will be shared at the meetings of VHSNCs, Planning and Monitoring Committees at PHC, block and district levels. These platforms will be used to jointly review the issues and arrive at solutions to address the problems identified. At each meeting, an action taken report will be presented. Another platform to share the report card is the Jan Samwad (Public dialogue). The Jan Samvad presents an opportunity for dialogue between the community and service providers where-in cases of denial of services are shared along with the limitations from the providers' perspective. The community and service providers can then jointly resolve the issues. The Jan Samwad will be conducted at block and district levels.

A detailed process of the Jan Samwad is given below:

Preparatory process

- Completion of the village and facility level score cards
- Completion of village level report sharing meetings of the area
- Screening of cases of denial of care for presentation
- Organisation of meeting of various representatives of NGOs/local health committees for planning of the Jan Samwad
- Mobilisation of people with the help of local organisations and active local groups. The representation of marginalised section should be ensured.

- Formation of panel comprising experts like teachers, lawyers, journalists. The panel should be chaired by a non government representative.
- Seek media attention for the event. The media can play a vital role in disseminating the findings so it is important to contact the media and sensitise them to the whole process.

- Invite Government health officials for the public hearing. The presence of government health officials is essential for the public dialogue. The officials to be invited are Medical Officers of different PHCs in the region, the Civil Surgeon, the District Health Officer, Additional Director of Health Services and others.

Organiser- Members of Planning and Monitoring Committee at PHC, block and district level

Participants at the Jan Samwad

- Representatives of the Health department- Chief Medical Officer, Block Medical Officer
- Members of the Planning and Monitoring and Committee at PHC, block and district levels
- PRI members
- Members of VHSNCs
- Member of CBOs
- General public

Steps for conducting Jan Samwad

- Introduction of the Jan Samwad by the Chairperson
- Presentation of the Cumulative Village Report Card and discussion on the implementation of the outreach services under NRHM
- Presentation of the Facility Report Card and discussion on improving the facility-level service utilisation
- Presentation of denial of care/adverse outcomes cases
- Discussion on improving the quality of care and support to cases
- Preparation of the list of recommendations for providers, facilities and the community.

Annexure –I

The Tool

FORMAT 1– Maternal Health Services

(Individual Interview)

Instructions: Information to be collected from a woman who has delivered in the last six months. You need to do at least five interviews. Three of these must cover poorer and marginalized communities, while the remaining two can be done from the main village / dominant community.

Name of District: Village Name:

Name of Block:

S.No	Question	Response			Level
		Good	Average	Poor	
	Maternal Health Services				
1	**Antenatal Care**				I
1.1	Did the ANM register you in first three months of your pregnancy?	Yes		No	I
1.2	Did the ANM give you a registration card / Maternal Health card?	Yes		No	I
1.3	Did you undergo at least 4 ante natal check ups in your last pregnancy?	Yes		No	I
1.4	Were the following services provided by the ANM during last pregnancy?				

S.No	Question	Response			Level
		Good	Average	Poor	
	Blood Pressure (BP) taken in all ANC visits	Yes		No	I
	Two TT injections	Yes		No	I
	Weight checked in all ANC visits	Yes		No	I
	Blood test for Hb in all ANC visits	Yes		No	I
	Abdomen examination in all ANC visits	Yes		No	I
	Iron and Folic Acid tablets (IFA) (90 tablets or 3 strips)	Yes		No	I
	Urine test (at least once)	Yes		No	II
	Counselling for appropriate diet and rest	Yes		No	I
	Counselling for institutional delivery	Yes		No	I
	Enquiry about any danger signs like - swelling, blurring of vision and severe headache or fever with chills	Yes		No	I
1.5	Did you receive Take Home Ration (THR) from the AWC during your last delivery?	Yes		No	I
1.6	Did the ANM confirm with you the expected date of delivery?	Yes		No	II
1.7	Did the ANM tell you about the various changes that occur during pregnancy and what precautions you should take etc.?	Yes		No	III
1.8	Did the ASHA support participation in every ANC visit?	Yes		No	I
1.9	Did the ANM perform breast examination for you during ANC period?	Yes		No	III
2	**Delivery**				
2.1	Where did you deliver? (If delivery took place in a Government facility, please ask Question No-2.2)	Government hospital, PHC, Subcentre		Home	I
2.2	Was your delivery attended to by a doctor or nurse ?	Yes		No	I
2.3	Were you advised to stay for at least two days after delivery in the institution?	Yes		No	II
2.4	Was breast feeding initiated within half an hour of delivery?	Yes		No	I
2.5	Was an attendant allowed with you during the delivery?	Yes		No	III
3	**Postnatal Care**				
3.1	Did the ANM examine you and the child physically during the post-natal period?	Yes		No	II
3.2	Did the ANM explain to you the danger signs for both yourself and the child during the post natal period and first year of life?	Yes		No	II
4	**Family Planning**				
4.1	Did the ANM give you advice regarding contraception?	Yes		No	I
4.2	Were you counselled about various forms of contraception and given a choice on what method to choose?	Yes		No	III

S.No	Question	Response			Level
		Good	Average	Poor	
5	**Janani Suraksha Yojana (JSY) entitlement**				
5.1	Did you receive JSY payment (Rs 1400 for Institutional delivery and Rs 500 for Home delivery)?	Yes		No	I
5.2	Did you have to pay any amount to PHC/CHC staff to get JSY benefits?	No		Yes	I
5.3	Did you face problem in opening bank account for JSY incentives?	No		Yes	I
5.4	Was the cheque/cash given to you at the time of discharge?	Yes		No	I
5.5	Did you face any harassment in getting the money?	No		Yes	I
6	**JSSK entitlements**				
6.1	Did you receive free drug and consumables?	Yes		No	I
6.2	Did you receive essential diagnostic (Blood test, Urine test, Ultra sonography etc.) free of cost?	Yes		No	I
6.3	Did you get free food for three days (in case of normal delivery) and 7 days in case of C-section?	Yes		No	I
6.4	Did you get free transport between facilities in case of referral?	Yes		No	I
6.5	Did you receive free drop back and pickup services from the institution to home after 48 hours stay?	Yes		No	I
6.6	Did the hospital charge you any kind of user fee?	No		Yes	
6.7	In case your new born required any treatment in the first 30 days was if fully free?	Yes		No	I
7	**Perception on ASHA Functioning**				
7.1	Did ASHA confirm the pregnancy with the pregnancy diagnosis kit in her drug box?	Yes		No	II
7.2	Did the ASHA help you register with the ANM after you got pregnant?	Yes		No	I
7.3	Did the ASHA counsel you regarding birth preparedness?	Yes		No	I
7.4	Did the ASHA counsel you for institutional delivery?	Yes		No	I
7.5	Did the ASHA inform you about the JSY and JSSK schemes and explain to you all the benefits?	Yes		No	I
7.6	Did ASHA counsel on family planning ?	Yes		No	I
7.7	Did ASHA accompany you? (For those whose delivery took place in Government facility)	Yes		No	I
7.8	Did the ASHA give you advice regarding breast feeding and weaning and care ?	Yes		No	II

* Count the number of Green, Yellow and Red responses. If

1. Number of GREENS is more than 75 percent then final colour is 'GREEN',
2. Number of GREENS is between 50 to 75 percent OR if GREENS are less than 50 percent but total of GREENS and YELLOWS are more than REDS then final colour is YELLOW
3. Total number of GREENS and YELLOWS are less than number of REDS then the final colour is RED.

** State may adapt this format as per state context

FORMAT 2– ASHA Support Services

(Individual Interview)

Instructions: Information to be collected from the ASHA of the area.

Name of District: Village Name:

Name of Block:

S.No	Question	Response			Level
		Good	Average	Poor	
1	Have you received training in Modules 6 and 7 in the following rounds?				
1.1	Round 1	Yes		No	I
1.2	Round 2	Yes		No	I
1.3	Round 3	Yes		No	I
1.4	Round 4	Yes		No	I
2	Have people you have referred been treated adequately / satisfactorily in the health facility?	Yes	Sometimes / irregularly	No	I
3	Have you received financial incentives as per the norms?	Yes	Sometimes / irregularly	No	I
4	Have you had problems in getting your activities attested by your supervisor in order to get your incentives?	Yes	Sometimes	No	I
5	Has the disbursement of your incentive money ever been delayed beyond two months?	No	Sometimes / irregularly	Yes	I
6	Do you receive support from AWW in your area to carry out your various activities?	Yes	Sometimes / irregularly	No	I
7	Do you receive support from ANM in your area to carry out your various activities?	Yes	Sometimes / irregularly	No	I
8	Do you receive support from your VHSNC to carry out your various activities?	Yes	Sometimes / irregularly	No	I
9	Have you received the equipment kit?	Yes	Sometimes	No	I
10	Have you received the drug kit?	Yes	Sometimes	No	I
11	Do you receive regular supply of contraceptives-Oral pills, condoms?	Always	sometimes	Never	I
12	Do you receive ORS regularly?	Always	sometimes	Never	I
13	Is the drug kit being replenished by SC/PHC on regular basis?	Always	sometimes	Never	I
14	Do you receive Contrimoxazol for anti-respiratory infection?	Always	sometimes	Never	
15	Are you aware of a grievance redressal mechanism put in place by the department for ASHAs?	Yes	Sometimes / irregularly	No	I
16	Are you satisfied by the behaviour of health facility staff?	Yes	Somewhat	No	I
17	Do you have a special waiting room in the PHC for use when you accompany a patient for delivery?	Yes		No	II
	Overall Status of ASHA Functioning*				

* Count the number of Green, Yellow and Red responses. If

1. Number of greens is more than 75 percent then final colour is 'GREEN',
2. Number of GREENS is between 50 to 75 percent OR if GREENs are less than 50 percent but total of GREENS and YELLOWS are more than REDS then final colour is YELLOW
3. Total number of GREENS and YELLOWS are less than number of REDS then the final colour is RED.

** State may adapt this format as per state context

FORMAT 3– Adolescent Health Services

(Group Discussion with Adolescent Girls)

Instructions: Information to be collected from a group of high school going adolescent girls and those who are out of school. You need to have at least 8 to 10 in a group.

Introduction: Namaste everyone! I would like to start by welcoming you to this group meeting. I thank you for taking the time to participate in our discussion. Today we will be talking about how you as a group perceive the services provided for adolescents in the school/village. Your feedback will help us improve access to the health care services. Before we continue, let me introduce myself. My name is _____ and I am a member of your VHSNC. I am sure you all know what a VHSNC is. Your participation and opinions are important! Let's start by introducing ourselves…). We will now discuss each of the questions on this sheet. If you feel the services are good we will put a tick in the green box, if the services are average (not good, but not poor either), then we will put a tick in the yellow box, and if the services are poor, then we will tick the red box. After that we will add all the boxes ticked green, yellow and red separately. The result will be shared with health officials and we will ask them to improve the poor services. The process will be repeated after six months and we will do a review to see if services have improved.

Name of District: Village Name:

Name of Block: Name of the School:

S.No	Questions	Response			Level
		Good	Average	Poor	
1	Do you get bi-annual deworming tablets?	Yes	Occasionally / not regularly	No	I
2	Do you get IFA (blue) tablets?	Yes	Occasionally / not regularly	No	I
3	Does the doctor check for ENT and Skin related problems?	Yes	Not sure	No	II
4	**Perception about ASHA's functioning**				
4.1	Does ASHA organise monthly meeting with adolescent girls?	Yes	Occasionally / not regularly	No	I.
4.2	Does ASHA distribute sanitary napkins to adolescent girls?	Yes	Occasionally / not regularly	No	II

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FORMAT 4– General Health Services in the Village

(Group Discussion)

Instructions: Information to be collected from two groups of individuals at the community level. Each group should consist of 10 to12 members (both males and females). One group discussion is held in the main village and the other group discussion is with members of Dalit / religious minorities groups based on village composition.

Name of District: Village Name:

Name of Block:

Introduction: Namaste everyone! I would like to start by welcoming you to this group meeting. I thank you for taking the time to participate in our discussion. Today we will be talking about how you as a group perceive the services provided in the village. Your feedback will help us improve your access to the health care services. Before we continue, let me introduce myself. My name is _____ and I am a member of your VHSNC. I am sure you all know what a VHSNC is. Your participation and opinions are important! Let's start by introducing ourselves…). We will now discuss each of the questions on this sheet. If you feel the services are good we will put a tick in the green box, if the services are average (not good, but not poor either), then we will put a tick in the yellow box, and if the services are poor, then we will tick the red box. After that we will add all the boxes ticked green, yellow and red separately. The result will be shared with health officials and we will ask them to improve the services marked poor. The process will be repeated after six months and we will do a review to see if services have improved.

S.N.	Questions	Response			Level
		Good	Average	Poor	
1	**Quality of Care in Health Facility**				**I**
1.1	Is the ANM always available in the Sub Centre?	Yes/always	Sometimes	Never	I
1.2	Is the regular daily schedule of the ANM displayed in SC?	Yes	Not updated regularly	No	I
1.3	Does the OPD in PHC opens at scheduled time every day?	Yes/always	Irregular	No	I
1.4	Is the OPD being conducted by PHC Medical Officer on a daily basis?	Yes/always	Sometimes	Never	I
1.5	Have you been asked to purchase drugs in any facility from outside?	Yes	Sometimes	No	I
1.6	Are you satisfied with services available at the health facility?	Yes	Sometimes	No	II
1.7	Are you satisfied with generally behaviour of health staff in health facility?	Yes	Somewhat	No	II
1.8	Have you been asked to conduct blood and urine test from outside?	No	Sometimes	Yes	I

S.N.	Questions	Response			Level
		Good	Average	Poor	
1.9	Have you ever been asked to consult a private doctor by the staff of any health facility?	No	Sometimes	Yes	II
1.10	Have you ever been asked to pay for the service by the staff of any facility?	No	Sometimes	Yes	I
2	**Water and Sanitation**				**I**
2.1	Does every household in your village have access to safe drinking water? (hand pump, piped water, covered well)	All households	Not all	None	I
2.2	Is any source of drinking water in your village polluted with arsenic, fluoride, iron etc.?	Yes		No	II
2.3	Is water quality tested and results shared publicly by Health or other government departments?	Yes	Not sure	No	III
2.4	Do BPL families receive subsidy for constructing Individual Household Latrines?	Yes/all	some	None	I
2.5	Does every household have a functional toilet?	Yes /all	some	none	III
3	**Disease Surveillance**				
3.1	Are blood samples taken by ANM/ASHA from individual patients suffering from fever?	Yes/all	Not always	No	II
3.2	Do health staff visit to collect information about occurrence of water borne diseases (Gastroenteritis, jaundice, diarrhoea)?	Yes	sometimes	Never	II
3.3	Are regular preventive activities for vector borne diseases (Malaria, Filaria, Kala Azar, Japanese Encephalitis) done in the village?	Yes/always	Sometimes	No	I
4	**Curative Services**				
4.1	Is treatment for dog bite available in the PHC/CHC?	Yes/always	Sometimes	Never	I
4.2	Is treatment of snake bite available at PHC/CHC?	Yes/always	Sometimes	Never	I
4.3	Does the PHC/CHC provide facility for diagnosis of TB patients (DOTS)?	Yes/always	Sometimes	Never	I
4.4	Do malaria patients regularly get anti malarial tablets from the health staff?	Yes/always	Sometimes	Never	I

S.N.	Questions	Response			Level
		Good	Average	Poor	
5	**Untied Fund**				
5.1	Do you know that the VHSNC receives untied fund of Rs 10,000/- every year for community action and planning activities?	Yes	Not sure	No	II
5.2	Do you think this fund is being utilized appropriately on locally identified problems and priorities?	Yes	Not sure	No	II
6	**Community Perception of ASHA Functioning**				
6.1	Does the ASHA help in registering births and deaths in the village?	Yes	Not sure	No	I
6.2	Does the ASHA Identify leprosy signs in the community? (in endemic areas only)	Yes	Not sure	No	III
6.3	Does the ASHA inform people about the VHND and its date and time?	Yes	Sometimes	No	I
6.4	Does the ASHA convene the VHSNC meeting on a monthly basis?	Yes	Not regularly / sometimes	No	I

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** State may adapt this format as per state context

FORMAT 5– Child Health Services

(Individual Interview)

Instructions: Information to be collected from mothers of children aged 0-2 years. You need to do at least five interviews. Three of these must be from poorer and marginalised communities, while the remaining two can be from the main village / dominant community.

Name of District: Village Name:

Name of Block:

S.N.	Questions	Response			Level
		Good	Average	Poor	
1	**Immunization**				
1.1	Are immunisation services being organised in your village every month?	Yes/regularly	Not regularly	No	I
1.2	Have you received the Mother and Child (MCH) card?	Yes	Yes but with the ANM	No	I
1.3	If the age of your child is less than**				
	2 months answer Question number a				
	less than 3 months answer Question b				
	less than 4 months answer Question c				
	less than 9 months answer Question d				
	less than 12 months answer Question e				
a	Has your child received BCG and OPV (Polio drop) on birth if it is institutional delivery	Received all	Received some	received none	I
b	Has your child received BCG, DPT-1 and OPV-1?	Received all	Received some	received none	I
c	Has your child received BCG, DPT-1, DPT-2, OPV-1 and OPV-2?	Received all	Received some	received none	I
d	Has your child received BCG, DPT-1, DPT-2, DPT-3, OPV-1, OPV-2 and OPV-3?	Received all	Received some	received none	I
e	Has your child received BCG, DPT-1, DPT-2, DPT-3, OPV-1, OPV-2, OPV-3, measles and Vitamin-A?	Received all	Received some	received none	I
2	**Childhood Illness**				**I**
2.1	If a child has diarrhoea or Acute Respiratory Infection (ARI) who is your first point of contact?	ASHA/ANM/ AWW	PHC	private providers (quacks)	I
2.2	Do you know the first aid for a child with diarrhoea? (ORS)	Yes (can describe)	Yes (Not clear)	No	II
2.3	Do you know how to identify the danger signs of diarrhoea?	Yes all	At least One	No	III
2.4	Do you know how to identify the danger signs of respiratory illness?	Yes all	At least One	No	III

S.N.	Questions	Response			Level
		Good	Average	Poor	
3	**Perception about ASHA's Functioning**				
3.1	Does the ASHA inform parents about the next date of immunization?	Yes regularly	Irregular / sometimes	No	II
3.2	Does the ASHA counsel you for exclusive breast feeding for first 6 months?	Yes	Sometimes	No	I
3.3	Does the ASHA counsel you for management of Acute Respiratory Infection (ARI)?	Yes	Not sure	No	I
3.4	Has the ASHA made 6 visits for home based new born care?	Yes	Not sure	No	I
3.5	Does the ASHA give ORS to children suffering from diarrhoea?	Yes	Irregular / sometimes	No	I

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** Cross check with the Immunization card.

FORMAT 6– ICDS Services

(Group Discussion)

Instructions: Information to be collected from a group of mothers whose children are currently attending the Anganwadi Centre. The group should have at least 6 to 8 mothers, Preferably from the same caste group. If there are any marginalized groups like Dalits / religious minorities then have a separate interview with mothers from that group.

Name of District: Village Name:

Name of Block:

Introduction: Namaste everyone! I would like to start by welcoming you to this group meeting. I thank you for taking the time to participate in our discussion. Today we will be talking about how you as a group perceive the services provided in the Anganwadi centre. Your feedback will help us improve your access to the healthcare services. Before we continue, let me introduce myself. My name is _____ and I am a member of your VHSNC. I am sure you all know what a VHSNC is. Your participation and opinions are important! Let's start by introducing ourselves…). We will now discuss each of the questions on this sheet. If you feel the services are good we will put a tick in the green box, if the services are average (not good, but not poor either), then we will put a tick in the yellow box, and if the services are poor, then we will tick the red box. After that we will add all the boxes ticked green, yellow and red separately. The result will be shared with the health officials and we will ask them to improve the poor services. The process will be repeated after six months and we will do a review to see if services have improved.

S.N.	Questions	Response			Level
		Good	Average	Poor	
1	**Nutritional Guarantees under ICDS**				
1.1	Does your child get hot cooked meal every day? (for 3-6 years old) (6 times a week)	Yes	Irregular	No	I
1.2	Do all children under 3 years get take home ration on a regular basis?	Yes	Sometimes	No	I
1.3	Do all pregnant and lactating mothers in your hamlet get take home rations on a regular basis?	Yes	Irregular / Not Aware	No	I
1.4	Does the Anganwadi worker visit houses of malnourished children for follow up?	Yes	Irregular / Not Aware	No	I
1.5	Are you satisfied with the quality of food served at the AWC?	Yes	Somewhat	No	I
2	**Growth Monitoring**				
2.1	Does the Anganwadi Worker weigh all children on a monthly basis?	Yes	Irregular	No	I
2.2	Did the AWW discuss the weight of your child and provide advice?	Yes	Sometimes / irregularly	No	III
2.3	Does every child in AWC have a growth chart?	Yes	Sometimes / irregularly	No	III
2.4	Does the AWW provide advice on feeding of the child?	Yes	Sometimes	No	III
3	**Referral Services**				

S.N.	Questions	Response			Level
		Good	Average	Poor	
3.1	Are severely malnourished children referred to the Nutritional Rehabilitation Centre (NRC) or the PHC for treatment?	Yes	Sometimes / irregularly	No	I
4	**Other Core ICDS Services**				
4.1	Is non formal education provided to your child in the AWC? (for children of 3-6 age group)	Yes	Irregular / Not Aware	No	I
4.2	Did the Anganwadi worker advice you on exclusive breast feeding?	Yes	Not Aware	No	I
5	**Participation of Community**				
5.1	Is there a mother's committee constituted under the AWC and does the committee meet regularly?	Yes/regular meeting	Yes/irregular meeting	No	III
5.2	Have these meetings led to any change in your nutrition, health or hygiene practices?	Yes	Sometimes	No	III
5.3	Does the Parents committee / management committee of the ICDS center meet regularly?	Yes	Sometimes	No	III
6	**Discrimination**				
6.1	Have you ever come across instances of denial/ discrimination in the provision of services at AWC?	Yes	Sometimes	No	I

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** State may adapt this format as per state context

FORMAT 7– Facility Assessment for Anganwadi Centre (AWC)

(Individual Interview)

Name of District: Village Name:

Name of Block:

Instructions: Information to be collected from AWW by direct observation and interview

S.N.	Questions	Response			Level
		Good	Average	Poor	
	PART A: OBSERVATION				
1	**Infrastructure**				
1.1	Does the Anganwadi Centre (AWC) have the following?				
	Own building	Yes/In good condition	Yes/poor condition	No	I
	Electricity connection	Yes		No	I
	Safe drinking water	Yes	Stored water	No	I
	Child friendly toilet	Yes/being used	Yes/Not being used	No	I
	Boundary wall	Yes	Yes/poor condition	No	II
2	**Manpower**				
2.2	Does the AWC have a full time Anganwadi helper?	Yes/always available	Yes/available sometimes	No	I
3	**Basic Equipment, Aids and Other Supplies**				
3.1	Does the AWC have the following equipment and supplies?				
	Weighing Machine (infant)	Yes/being used	Yes/not being used	No	I
	Weighing Machine (adult)	Yes/being used	Yes/not being used	No	I
	Adequate cooking vessels and serving utensils	Yes/being used	Yes/not being used	No	I
	Smokeless Chullah	Yes/being used	Yes/not being used	No	I
	Mother and Child cards and counterfoils	Yes/being used	Yes/not being used	No	I
	Posters and other IEC material	Yes/being used	Yes/not being used	No	I
	Pre-school learning material and teaching aid	Yes/being used	Yes/not being used	No	I
	Toys	Yes/being used	Yes/not being used	No	II
	Basic medicines like IFA tablets, deworming tablets and ORS packets	Yes/being used	Yes/not being used	No	I

S.N.	Questions	Response			Level
		Good	Average	Poor	
4	**Services**				
4.1	Have all the eligible children (0-6 age group) enrolled in the AWC?	Yes/all covered	Partially covered	poorly covered	I
4.2	Have all the eligible children, pregnant women and lactating mothers enrolled in the AWC?	Yes/all covered	Partially covered	poorly covered	
4.3	Does the AWC have a menu for supplementary food for children and is it being regularly followed?	Yes/followed	Yes/Not followed	No	I
4.5	Are double rations given for malnourished children?	Yes	Sometimes / irregular	No	I
	PART B: INDIVIDUAL INTERVIEW				
5	**Support System**				
5.1	Do you think you get adequate support from your supervisor to do your work effectively?	Yes	Sometimes	No	I
5.2	Are budget for condiments, supplies and individual expense reimbursed on a monthly basis?	Yes	Sometimes	No	I
5.3	Do you think you get adequate support from the community (VHNSC) to do your work effectively?	Always	Sometimes	Never	II
5.4	Do you think you get adequate support from the ASHA to do your work effectively?	Always	Sometimes	Never	II

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** State may adapt this format as per state context

FORMAT 8– Mid Day Meal (MDM) & School Health Programme

(Group Discussion)

Name of District: Village Name:

Name of Block: Name of the School:

Instructions: Information to be collected from a group of primary school children on the school premises. You need to have at least 5-10 students in a group.

S.N.	Questions	Response			Level
		Good	Average	Poor	
1	**Mid-day Meal**				
1.1	Is a hot cooked meal provided to all children on a regular basis? (For primary students only)	Yes/always	Sometimes	No	I
1.2	Are the meals prepared as per the menu chart displayed?	Yes/followed	Yes/Not followed	No	I
1.2	Does the school have potable water facility on the premises?	Yes	Yes/poorly maintained	No	I
1.3	Does the school have a separate shed for cooking?	Yes/being used	Yes/not being used	No	I
1.4	Is there a designated cook and helper appointed under the mid day meal scheme?	Yes/always available	Yes/irregular availability	No	I
1.6	Is the quality of the food good?	Always	Sometimes not good	Not good	II
2	**School Health Programme**				
2.1	Are all children examined by doctor once a year?	Yes/always	Sometimes	Never	I
2.2	Are the height and weight of all children taken (each time)?	Yes/always	Sometimes	Never	I
2.3	Do all children receive deworming tablets?	Yes/always	Sometimes	Never	I

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FORMAT 9– Observation Checklist for Health Sub-Centre

(As per *The Guidelines for Community Processes,* Ministry of Health and Family Welfare, Government of India, 2013)

Name of District: Village Name:

Name of Block: Name of the Sub Centre:

Instructions: Information to be collected from ANM

S.No.	Questions	Response			Level
		Good	Average	Poor	
	PART A: OBSERVATION (Validate with records available)				
1	**Availability of staff at the sub-centre**				
1.1	Is there an ANM available/appointed at the centre?	Yes		No	I
1.2	Is there health worker-male (MPW) available/appointed?	Yes		No	I
1.3	Is there a part-time attendant (female) available?	Yes		No	I
2	**Availability of Infrastructure at the sub-centre**				
2.1	Is there a designated government building available for the sub-centre?	Yes		No	I
2.2	Is the building in working condition?	Yes		No	I
2.3	Is there a regular water supply at this sub-centre?	Yes		No	I
2.4	Is there regular electricity supply at this sub-centre?	Yes		No	I
2.5	Is the blood pressure apparatus in working condition in this sub-centre?	Yes		No	I
2.6	Is the examination table in working condition in this sub-centre?	Yes		No	I
2.7	Is the steriliser instrument in working condition in this sub-centre?	Yes		No	I
2.8	Is the weighing machine in working condition in this sub-centre?	Yes		No	I
2.9	Are there disposable delivery kits available in this sub-centre?	Yes		No	I
3	**Availability of Services at the sub-centre**				
3.1	Does the doctor visit the sub-centre at least once a month?	Yes		No	I
3.2	Is the day and time of this visit fixed?	Yes		No	I

S.No.	Questions	Response			Level
		Good	Average	Poor	
3.3	Is facility for delivery available in this sub-centre during a full 24-hour period?	Yes		No	I
3.4	Is treatment of diarrhoea and dehydration offered by the sub-centre?	Yes		No	I
3.5	Is treatment for minor illness like fever, cough, cold, etc. available in this sub- centre?	Yes		No	I
3.6	Is facility for taking a blood slide in the case of fever for detection of malaria available in this sub-centre?	Yes		No	I
3.7	Are contraceptive services available at this sub-centre?	Yes		No	I
3.8	Are oral contraceptive pills distributed through this sub-centre?	Yes		No	I
3.9	Are condoms distributed through the sub-centre?	Yes		No	I

FORMAT 10– Observation Checklist for Primary Health Centre

(As per *The Guidelines for Community Processes,* Ministry of Health and Family Welfare, Government of India, 2013)

Name of District: Name of the PHC:

Name of Block:

Instructions: Information to be collected from Medical Officer

S.No.	Questions	Response			Level
		Good	Average	Poor	
	PART A: OBSERVATION CHECKLIST FOR PHC CENTRE				
1	**Availability of Infrastructure**				
1.1	Is there a designated government building available for the PHC?	Yes		No	I
1.2	Is the building in working condition?	Yes		No	I
1.3	Is water supply readily available in this PHC?	Yes		No	I
1.4	Is electricity supply readily available in this PHC?	Yes		No	I
1.5	Is there a telephone line available and in working condition?	Yes		No	I
2	**Availability of Staff in the PHC**				
2.1	Is a Medical Offi cer available/appointed at the centre?	Yes		No	I
2.2	Is a Staff Nurse available at the PHC?	Yes		No	I
2.3	Is a health educator available at the PHC?	Yes		No	I
2.4	Is a health worker-male(MPW) available/appointed?	Yes		No	I
2.5	Is a part time attendant (female) available?	Yes		No	I
3	**General Services**				
	Availability of Medicines in the PHC				
3.1	Is the anti-snake venom readily available in the PHC?	Yes		No	
3.2	Is the anti-rabies vaccine readily available in the PHC?	Yes		No	I
3.3	Are drugs for malaria readily available in the PHC?	Yes		No	I
3.4	Are drugs for tuberculosis readily available in the PHC?	Yes		No	I
4	**Availability of Curative Services**	Yes		No	I
4.1	Is cataract surgery done in this PHC?	Yes		No	I
4.2	Is primary management of wounds done at this PHC? (stitches, dressing etc.)	Yes		No	I
4.3	Is primary management of fracture done at this PHC?	Yes		No	I
4.4	Are minor surgeries done at this PHC?	Yes		No	I
4.5	Is primary management of cases of poisoning done at the PHC?	Yes		No	I
4.6	Is primary management of burns done at the PHC?	Yes		No	I

S.No.	Questions	Response			Level
		Good	Average	Poor	
5	**Availability of Reproductive and Maternal Health Services**				
5.1	Are ante-natal clinics regularly organised by this PHC?	Yes		No	I
5.2	Is facility for normal delivery available in the PHC 24 hours a day?	Yes		No	I
5.3	Are facilities for tubectomy and vasectomy available at the PHC?	Yes		No	I
5.4	Are internal examination and treatment for gynaecological conditions and disorders like leucorrhoea and menstrual disturbance available at the PHC?	Yes		No	I
5.5	Is facility for abortion- Medical Termination of Pregnancy (MTP) available at this PHC?	Yes		No	I
5.6	Is treatment for anaemia given to both pregnant as well as non- pregnant women?	Yes		No	I
5.7	How many deliveries have been conducted in the last quarter (three months)?	Yes		No	I
6	**Child Care and Immunisation Services**				
6.1	Are low birth-weight babies treated at this PHC?	Yes		No	I
6.2	Are there fixed immunisation days?	Yes		No	I
6.3	Are BCG and measles vaccine given at this PHC?	Yes		No	I
6.4	Is treatment for children with pneumonia available at this PHC?	Yes		No	I
6.5	Is treatment of children suffering from diarrhoea with severe dehydration done at this PHC?	Yes		No	
7	**Laboratory and Epidemic Management Services**				
7.1	Is laboratory service available at the PHC? Is blood examination for anaemia done at this PHC?	Yes		No	I
7.2	Is detection of malaria parasite by blood smear examination done at this PHC?	Yes		No	I
7.3	Is sputum examination to diagnose tuberculosis conducted at this PHC?	Yes		No	I
7.4	Is urine examination of pregnant women done at this PHC?	Yes		No	I

FORMAT 11– Facility Assessment Tool for Community Health Centre (CHC)

(Observation/Individual Interview)

Name of District: Name of the CHC:

Name of Block:

Instructions: Information to be collected from Medical Superintendent/Senior Medical Staff

S.N.	Questions	Response			Level
		Good	Average	Poor	
	PART A: OBSERVATION (validate with records)				
1	**Infrastructure**				
1.1	Does the CHC have its own building?	Yes/good condition	Yes/poor condition	No	I
1.3	Does the CHC have a functional operation theatre?	Yes/ functional	Yes/not functional	No	I
1.4	Does the CHC have a functional laboratory?	Yes/ functional	Yes/not functional	No	I
1.5	Does the CHC have labour room with labour table?	Yes/ functional	Yes/not functional	No	I
1.6	Does the facility have a total 30 beds in the wards?	Yes/In good condition	Yes/Not in good condition	No	I
1.7	Does the facility have separate toilets for men and women?	Yes/well maintained	Yes/poorly maintained	No	I
1.8	Is there adequate provision of drinking water?	Yes and being used	Yes/not in usable condition	No	I
1.9	Is there a functional blood bank?	Yes available regular	Yes but irregular	No	I
1.10	Does the CHC have a referral transport facility – ambulance?	Yes/being used	Yes/not being used	No	I
1.11	Does the CHC have appropriate process disposal of medical waste, including waste disposable pit?	Yes and being used	Yes but not usable	No	I
2	**Status of availability of drugs and non medical supplies**				
2.1	Does the CHC have regular and adequate supply of the following drugs? (as per IPHS standards)				
2.2	All emergency drugs	Yes	Yes but irregular	No	I
2.3	Drugs for treating severely ill children	Yes	Yes but irregular	No	I

S.N.	Questions	Response			Level
		Good	Average	Poor	
2.4	Antibiotics	Yes	Yes but irregular	No	I
2.5	Drugs for Blood Pressure (BP)	Yes	Yes but irregular	No	I
2.6	Drugs for Diabetes	Yes	Yes but irregular	No	I
2.7	DOTS	Yes	Yes but irregular	No	I
2.8	IV fluids	Yes	Yes but irregular	No	I
2.9	Anti-Snake Venom (ASV)	Yes	Yes but irregular	No	I
2.10	Anti Rabies vaccine (ARV)	Yes	Yes but irregular	No	I
2.11	All kinds of contraceptives (Condoms, pills, IUCDs etc.)	Yes	Yes but irregular	No	I
3	**Status of availability of equipment**				
3.1	Does the CHC have the following equipment available?				
3.2	Boyles' apparatus	Yes/being used	Yes/not being used	No	
3.3	Oxygen cylinder	Yes/being used	Yes/not being used	No	
3.4	Emergency Obstetric Care (EmOC) drug kit	Yes/being used	Yes/not being used	No	
3.5	Standard surgical kit	Yes/being used	Yes/not being used	No	
3.6	New born kit	Yes/being used	Yes/not being used	No	
3.7	Labour room kit	Yes/being used	Yes/not being used	No	
3.8	RTI/STI lab kit/ HIV testing kit	Yes/being used	Yes/not being used	No	
3.9	Tubal rings	Yes/being used	Yes/not being used	No	
3.10	Equipment for a blood storage / banking facility	Yes/being used	Yes/not being used	No	I
4	**Availability of Human Resources**				
4.1	What is the status of availability of the following manpower?				
4.2	Obs & Gyn specialist (Obstetric & Gynaecologist)--(No)	Posted/ available	posted/not available	Not posted	I

S.N.	Questions	Response			Level
		Good	Average	Poor	
4.3	Paediatrician	Posted/ available	posted/not available	Not posted	I
4.4	Surgeon	Posted/ available	posted/not available	Not posted	I
4.5	MD medicine	Posted/ available	posted/not available	Not posted	I
4.6	Anaesthetist	Posted/ available	posted/not available	Not posted	I
4.7	Dentist	Posted/ available	posted/not available	Not posted	I
4.8	General duty Medical Officers - (Number)	Posted/ available	posted/not available	Not posted	I
4.9	Staff Nurses- (Number)	All posts filled	posts partially filled	Not posted	I
4.10	Pharmacists	All posts filled	posts partially filled	Not posted	I
4.11	Lab Technicians	All posts filled	posts partially filled	Not posted	I
4.12	Ward Boys-(Number)	All posts filled	posts partially filled	Not posted	I
5	**Accountability**				
5.1	Does the CHC have a citizen charter? If Yes, is it prominently displayed in the local language?	Yes and displayed	Yes but not displayed	No	I
5.2	Does the CHC have a functional RKS with representation from PRI,CBO & NGOs?	Yes	Yes /No comm repr.	No	I
5.3	Are the meetings of RKS organised on regular basis?	Yes, regular meeting	Yes, irregular meeting	No meeting	I
5.4	Are RKS funds used to improve the delivery of services at the facility?	Yes	Yes but usage limited	No	II
5.5	Does the CHC have a mechanism to record client feedback & complaints?	Yes	yes but not working well	No	II
5.6	Does the CHC display availability of basic drugs and staff duty roster?	Yes	Yes but no regular updation	No	III

S.N.	Questions	Response			Level
		Good	Average	Poor	
	PART B INDIVIDUAL INTERVIEW				
6	**Provision of Maternal and Child Health Services**				
6.1	Does the CHC provide 24 hour service for normal delivery and emergency obstetric care?	Yes/regular	Yes/irregular	No	I
6.2	Does the CHC have facility for Cesarean Section?	Yes/regular	Yes/irregular	No	I
6.3	Does the CHC provide services for Reproductive Tract Infections (RTI/STI)	Yes/regular	Yes/irregular	No	I
6.4	Does CHC provide service to infants needing critical care for ARI and diarrhoea?	Yes/regular	Yes/irregular	No	I
6.5	Does CHC provide service to severely malnourished children?	Yes/regular	Yes/irregular	No	I
7	**Provision of Family Planning Services**				
7.1	Is the facility for tubectomy and vasectomy available at CHC?	Yes		No	I
7.2	Is couselling for Family Planning given during Maternal & Child Health (MCH) Services?	Yes/regular	Yes/irregular	No	I
7.3	Does the CHC provide PPIUCD services?	Yes/regular	Yes/irregular	No	I
7.4	Is there a counsellor in CHC?	Yes	Yes but comes irregular	No	
7.5	Does the CHC provide Medical Termination of Services (MTP) services?	Yes/regular	Yes/irregular	No	I
7.6	Is the facility of testing and counselling for HIV/AIDS available?	Yes/regular	Yes/irregular	No	I
8	**Provision of Curative Services**				
8.1	Does the OPD function daily at the designated time?	Yes/regular	Yes/irregular	No	I
8.2	Does the CHC provide service for simple surgeries like hernia, hydrocele, Heamorrhoids etc?	Yes/regular	Yes/irregular	No	I
8.3	Does the CHC have facility for emergency surgeries like appendicitis etc?	Yes/regular	Yes/irregular	No	I
8.4	Is X-Ray service available in the CHC?	Yes/regular	Yes/irregular	No	I
8.5	Does the CHC provide dental services or Ear, Nose & Throat (ENT) services?	Yes/regular	Yes/irregular	No	I
9	**Maternal & Infant Death Review**				
9.1	Does the CHC conduct maternal death review (MDR) regularly?	Yes	Irregular	No	II
9.2	Does the CHC conduct infant death review (IDR) regularly?	Yes	Irregular	No	II

* Count the number of Green, Yellow and Red responses. If

1. Number of greens is more than 75 percent then final color is 'GREEN',
2. Number of GREENS is between 50 to 75 percent OR if GREENs are less than 50 percent but total of GREENS and YELLOWS are more than REDS then final color is YELLOW
3. Total number of GREENS and YELLOWS are less than number of REDS then the final color is RED.

FORMAT 12– Tool for Exit Interview at Facility

(Individual Interview)

Name of District: Name of the Facility (PHC/CHC):

Name of Block:

Instructions: Exit interviews with five patients/attendants to be conducted at each facility level (PHC/CHC).

S.N.	Questions	Response			Level
		Good	Average	Poor	
1	Are you satisfied with behaviour of ANM/nurse / doctor of PHC/CHC?	Yes	somewhat	No	I
2	Have you been provided free medicine as per the prescription?	Yes	Sometimes	No	I
3	Have you been asked to conduct blood and urine test from outside?	No	Sometimes	Yes	I
4	Have you ever been asked to consult a private doctor?	No	Sometimes	Yes	I
5	Have you ever been asked to pay for the services like laboratory test, X-Ray etc.?	No	Sometimes	Yes	I
6	Are you satisfied with the overall services provided at the facility ?	Yes	Not always	No	I

* Count the number of Green, Yellow and Red responses. If

1. Number of greens is more than 75 percent then final color is 'GREEN',
2. Number of GREENS is between 50 to 75 percent OR if GREENs are less than 50 percent but total of GREENS and YELLOWS are more than REDS then final color is YELLOW
3. Total number of GREENS and YELLOWS are less than number of REDS then the final color is RED.

Annexure –II

Overview of Implementation and Capacity Building Strategy

As a first step to implementing Community Action for Health at the state level, a State Advisory Group on Community Action (State AGCA)/ State Mentoring Group is to be constituted with the mandate to guide the implementation process in the state. The group will have representation from various departments including Women and Child Development, Rural Development and Panchayati Raj, Public Health Engineering, Education, State Health Department and civil society organizations.

The State AGCA will identify state level structures to implement the Community Action for Health process. Processes at the state level could be led by a State Nodal NGO, State ASHA Resource Centre/ Community Process Resource Centre, State Institute of Rural Development (SIRD), or the State Health Systems Resource Centre (SHSRC). These state level structures will work under the guidance of the State AGCA with technical support from the national AGCA Secretariat.

The State AGCA in coordination with the state level structures will identify district and block structures to facilitate the roll out of Community Action for Health. The district level structure could include District NGO, District Community Mobiliser, District Programme Manager. The block level structure for implementing the programme could include Block NGO, Block Programme Manager, Block Community Mobilizer. At village level, the process will be implemented by the Village Health, Sanitation, Nutrition Committee (VHSNC).

Once the structures are identified, the next step would entail the formation of planning and monitoring committees at different levels.

Formation of Committees

Planning and monitoring committees will be formed at PHC, block and district levels. These committees

will function with the mandate of reviewing the current status of health care service delivery and facilitating corrective action to improve the system at different levels. It is important to constitute the committees from village level upwards in an inclusive manner – a few members from VHSNCs will be included in the PHC committee; similarly a few PHC committee members will be included in the block committee and so on. Adequate representation from the marginalized sections should be ensured in the various committees.

Details about the composition of these committees are provided in the accompanying Guidelines and this User Manual.

Capacity Building

The process of capacity building to roll out implementation will include: a) Orientation workshops for different levels of planning and monitoring committees and other stake holders b) Training of VHSNCs using the cascade approach with training of trainers at the state and district levels, followed by the training of VHSNC members.

Orientation workshops– A series of one-day orientation workshop will be organized as detailed in the table below. The participants will be oriented on topics such as introduction to NHM, service guarantees and health rights, the process and implementation structures of Community Action for Health, and roles and responsibilities of different stakeholders.

Training– A cadre of master trainers will be trained at the state level by the national AGCA Secretariat. The training will be for a duration of five days. The state level master trainers will provide training to district/block level trainers. This training will be for a duration of three days. The district/block trainers will undertake training of the VHSNCs. The duration and mechanism for training the VHSNCs will be decided by the state based on the existing plan for training of VHSNCs as per the *National Guidelines for Community Processes.*

Level, Structure, Training Days, Participants and Content

Level	Structure	Training days	Participants	Content
Orientation Workshop				
State	State Planning & Monitoring Committee/ State AGCA	1 day	SAGCA Members, State Nodal Officers, State trainers from SIRD, SIHFW, ASHA Trainers, Civil Society Organizations (CSOs) working in the area of health and rights.	• Introduction to NHM • Service guarantees and health rights • Process of Community Action for Health (including screening of a documentary film) • Roles and responsibilities of committees

Level	Structure	Training days	Participants	Content
District	District level Planning & Monitoring Committee	1 day	District Nodal Officers from the departments of Women and Child Development, Rural Development and Panchayati Raj, Public Health Engineering and Education, CSOs, District ASHA Trainers, District Programme Manager, District Community Mobilizer, along with members of the District Planning and Monitoring Committees	• Introduction to NHM • Service guarantees and health rights • Process of Community Action for Health (including screening of the documentary film) • Roles and responsibilities of committees
Block	Block Planning Monitoring Committee	1 day	Block Panchyat Officer, Doctor representing CHC, Block ASHA Coordinator, Block Data Assistant, Block NGO, Block Pramukh, Members of the Block Planning and Monitoring Committees	• Introduction to NHM • Service guarantees and health rights • Process of Community Action for Health (including screening of a documentary film) • Roles and responsibilities of committees • Community level enquiry and facility surveys • Organising Jan Samwad and ensuring corrective action
PHC	PHC Planning Monitoring Committees	1 day	Members of the PHC Planning and Monitoring Committee, PHC Doctor, Lady Health Supervisor, CSO representatives	• Introduction to NHM • Service guarantees and health rights • Process of Community Action for Health (including screening of the documentary film) • Roles and responsibilities of committees • Community level enquiry and facility surveys • Organising Jan Samwad and ensuring corrective action

Level	Structure	Training days	Participants	Content
Training of Trainers				
State	State Trainers	5 days	State Nodal Officers (NHM), State trainers from SIRD, SIHFW, ASHA Trainers, State Nodal NGO	• Overview on health rights and accountability • Participatory training methodologies • Introduction to NHM and communitization • Rights based approach & Community monitoring in NHM • Service Guarantees, IPHS standards • Process of Community Action for Health (including screening of documentary film) • Roles of different stake holders • Introduction to community enquiry and facility survey tools • Field practice on tools and sharing of experiences • Organizing Jan Samwad • Documentation and reporting
District	District Trainers	3 days	District Nodal Officers , Officers, District NGOs, PHNs, District ASHA Trainers, Selected Doctors	
Block		3 days	5 members from each VHSNC with a cluster of 6 VHSNCs at Block level.	
Village	VHSNC members	To be rolled out in phases as decided at the state level	All members of each VHSNC	• Introduction to health rights • Introduction to NHM and communitization • Service Guarantees, IPHS standards • Process of Community Action for Health • Roles and responsibilities of VHSNC members • Introduction to community enquiry and facility survey tools • Documentation and reporting

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