

GRAAM



ArogyaShreni

Technology enabled Community Governance



Presentation prepared by: Arogyashreni Team
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Introduction to Arogyashreni

An initiative to facilitate Community Monitoring of PHCs in Mysore District (Rural) and strive for 'community initiated' change through advocacy and dialogue

- Enabled by technological intervention



Fundamental issues:

- * Can communities monitor PHCs?
- * Can technology help in this monitoring?
- * Can this monitoring lead to improvements?
- * What is the *level of acceptance of technology* by the Rural Community (in monitoring)

Overview:

- * The project was implemented for 3 years (2011-2013)
- * 7 Taluks of Mysore rural District with 112 PHCs
- * Selected Planning and Monitoring Committee members as participants of the project.



ARS President answers the
IVRS, Kittur PHC
Periyapatna
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Project Objectives

- To collaborate with communities in the creation of a monitoring system for their local PHCs.
- To develop a technology based monitoring system using IVRS* to hasten the collection and transfer of data related to delivery of health services.
- To utilize the information gained from the monitoring system to create awareness and empower the community to drive for positive change based on local solutions to prioritized issues
- Consolidate the community monitoring experience and knowledge, distill policy level implications and develop a sustainable & replicable model
- Work with the government to institutionalize this easily implementable “technology assisted community monitoring” mechanism.



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* Interactive Voice Response System

Strategy



Public institution



ಭಾರತೀಯ ಆರೋಗ್ಯ ಸೇವಾ ಅಧಿಕಾರಣಿ (ಭಾರತೀಯ ಆರೋಗ್ಯ ಸೇವಾ ಅಧಿಕಾರಣಿ ಅಧಿನಿಯಮ 1987 ಅನ್ವಯ) - ಆರೋಗ್ಯ ಸೇವಾ ಅಧಿಕಾರಣಿ ವರದಿ

ಆರೋಗ್ಯ ಸೇವಾ ಅಧಿಕಾರಣಿ ವರದಿ

ನಿಮ್ಮ ಆರೋಗ್ಯ ಸೇವಾ ಅಧಿಕಾರಣಿ ಕಾರ್ಯದ ವಿವರಗಳನ್ನು ಕೆಳಕಂಡಂತಿರಿಸಿ

ಕ್ರಮ ಸಂಖ್ಯೆ	ಪ್ರಶ್ನೆ	ಉತ್ತರ
1	ನಿಮ್ಮ ಆರೋಗ್ಯ ಸೇವಾ ಅಧಿಕಾರಣಿ ಕಾರ್ಯದ ವಿವರಗಳನ್ನು ಕೆಳಕಂಡಂತಿರಿಸಿ	ಉತ್ತರ
2	ನಿಮ್ಮ ಆರೋಗ್ಯ ಸೇವಾ ಅಧಿಕಾರಣಿ ಕಾರ್ಯದ ವಿವರಗಳನ್ನು ಕೆಳಕಂಡಂತಿರಿಸಿ	ಉತ್ತರ
3	ನಿಮ್ಮ ಆರೋಗ್ಯ ಸೇವಾ ಅಧಿಕಾರಣಿ ಕಾರ್ಯದ ವಿವರಗಳನ್ನು ಕೆಳಕಂಡಂತಿರಿಸಿ	ಉತ್ತರ
4	ನಿಮ್ಮ ಆರೋಗ್ಯ ಸೇವಾ ಅಧಿಕಾರಣಿ ಕಾರ್ಯದ ವಿವರಗಳನ್ನು ಕೆಳಕಂಡಂತಿರಿಸಿ	ಉತ್ತರ
5	ನಿಮ್ಮ ಆರೋಗ್ಯ ಸೇವಾ ಅಧಿಕಾರಣಿ ಕಾರ್ಯದ ವಿವರಗಳನ್ನು ಕೆಳಕಂಡಂತಿರಿಸಿ	ಉತ್ತರ
6	ನಿಮ್ಮ ಆರೋಗ್ಯ ಸೇವಾ ಅಧಿಕಾರಣಿ ಕಾರ್ಯದ ವಿವರಗಳನ್ನು ಕೆಳಕಂಡಂತಿರಿಸಿ	ಉತ್ತರ
7	ನಿಮ್ಮ ಆರೋಗ್ಯ ಸೇವಾ ಅಧಿಕಾರಣಿ ಕಾರ್ಯದ ವಿವರಗಳನ್ನು ಕೆಳಕಂಡಂತಿರಿಸಿ	ಉತ್ತರ
8	ನಿಮ್ಮ ಆರೋಗ್ಯ ಸೇವಾ ಅಧಿಕಾರಣಿ ಕಾರ್ಯದ ವಿವರಗಳನ್ನು ಕೆಳಕಂಡಂತಿರಿಸಿ	ಉತ್ತರ
9	ನಿಮ್ಮ ಆರೋಗ್ಯ ಸೇವಾ ಅಧಿಕಾರಣಿ ಕಾರ್ಯದ ವಿವರಗಳನ್ನು ಕೆಳಕಂಡಂತಿರಿಸಿ	ಉತ್ತರ
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Training of PMC members

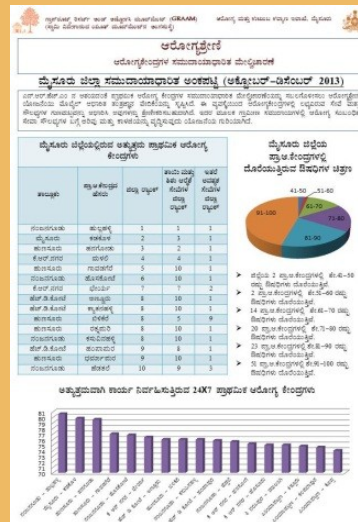


ARS President answers the IVRS, Kittur PHC Periyapatna ©GRAAM 2011

Recording response to IVRS



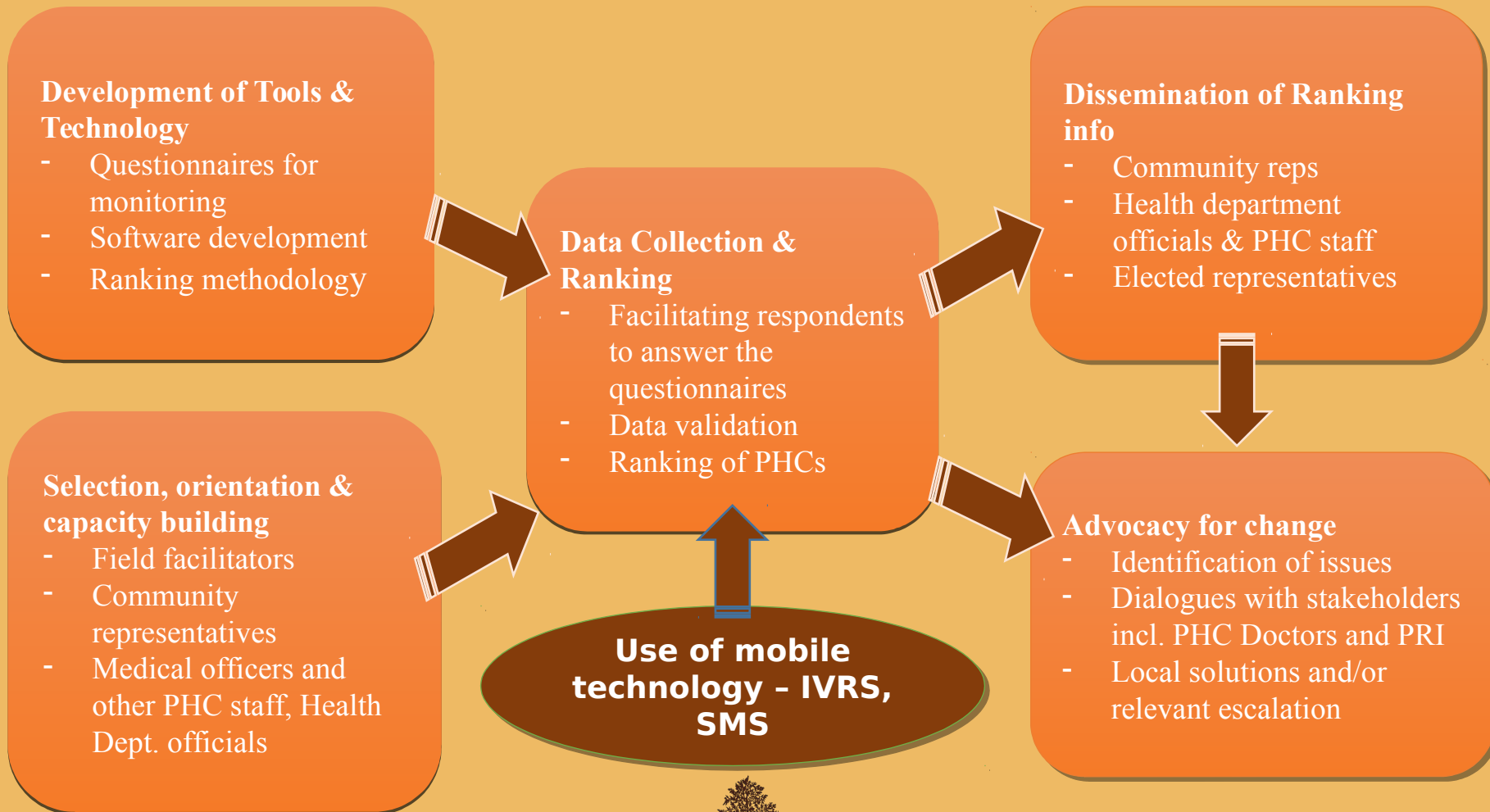
Dissemination of Ranking card



Ranking card



The project work flow



Outputs

- Quarterly collection of PHC monitoring information, preparation of quarterly ranking cards (6 rounds)
- Dissemination of ranking cards through SMS and hards copies: PHCs, taluk, district and state level offices, GP, TP and ZP members, MLAs and Mps.
- Community advocacy activities
 - Selected 34 (18+16)PHCs for intensive advocacy activities.
- Visible positive changes brought by community in PHCs
 - Changes seen can be categorized into
 - Improvements in infrastructure and services (15 PHCs)
 - Provision of HR (5 PHCs)
 - Ownership of PHC services and activities (4 PHCs)
 - Kitturu, Saraguru, Hura, Kallahalli
 - Pressure group/lobby group for community demands made in other forums/platforms (3 PHCs) – Madapura, Hura, Bilugali



ARS President answers the IVRS, Kittur PHC Periyapatna ©GRAAM



Interaction with PMC members, Vyasrajapura, TN Pura ©GRAAM 2012



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Outputs

- PHC ranks generated were largely accepted by the doctors indicating that results match perceptions
- District health administration evinced interest in receiving regular ranking information – possible first step towards evidence based action
- Creation of dialogue forum between doctors and communities on various issues + better relationships
- Better articulation of local issues by community



Stakeholder involvement - Govt

- **Involvement of officials and other stakeholders**
 - IVRS was inaugurated by Shri Selvakumar, former MD, NRHM (10-2011)
 - Ranking cards inaugurated by Shri Ram Prasad, former Health Commissioner (04-2012)
 - District level stakeholder workshop (for redesign of questionnaire)
 - Project presented to Shri R R Jannu, former MD, NRHM (Jan 2013)
 - Project presentation to Dr. Suresh Mohammed, former MD, NRHM (Oct 2013)



Awards, recognitions and presentations

- eNGO south Asia challenge award (2013, December)
- Cover page article in Civil society magazine
- Presentation of paper on Arogyashreni in EPHP conference (Academic paper)
- Presentation about the project in various conference to share our learnings



Outcomes

- Community monitoring of PHCs is feasible and its results match with doctors' perceptions about relative performance of PHCs
- The project triggered a debate between doctors and communities about the criterion for performance and factors that influence performance of PHCs
 - The high aspirations set by standards like IPHS vs field realities like unplanned distribution of PHCs, lack of HR and infrastructure
 - The project has created a platform for the discussion on 'performance of PHC' in an objective and cross-comparable way, between doctors and community members.
- Anecdotal evidence suggests that ranking is a useful tool to bring attention to unresolved issues of PHCs
- Field experience suggests that ownership is developing among community representatives and doctors.

- ❖ Community driven changes are possible with empowerment and consistent involvement
- ❖ Questionnaire is an important tool to help communities focus and follow-up on issues.
- ❖ Rural communities have been able to successfully use a complex technology interface (IVRS + questions requiring numerical inputs).



Way forward

- Evidence for replicability and scalability must be established
 - Deploying the model simultaneously in districts with contrasting socio-economic / socio-political conditions and health indicators
 - Deploying the model in districts with similar health indicators and socio-economic profile, but different administrative structures

(Research, observation and analysis to be delinked from implementation)

- Evidence building supporting community monitoring using technology for policy advocacy – consistent Govt. policy on community structures + Govt. participation
 - Making available resources – handbooks / manuals, etc for use by other organizations (1 set is already ready)
 - Advocacy at various levels for garnering support for community monitoring
- The larger goal is to ensure community monitoring of public services using people-centric methodologies and people friendly technologies.**



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Thank You!



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