

A

In-terim

Report

**NRHM SERVICES  
COMMUNITY  
MONITORING AND  
PLANNING**  
[ PILOT PHASE ]

TAMILNADU - A IN-TERIM REPORT

[FOR THE PERIOD MAY 2007 – JAN 2008.]

State Nodal Organisation  
TAMILNADU SCIENCE FORUM, Chennai – 600 0086.

Facilitated By  
MAKKAL NALAVAZHVU IYAKKAM

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## **Introduction:**

This pilot project was initiated in Tamilnadu vide a two days preparatory meeting held on 30<sup>th</sup> & 31<sup>st</sup> May 2007 with the health activists and AGCA Members. Tamil Nadu Science Forum was unanimously chosen to be the state nodal NGO with suggested list of districts to be chosen and a group of state mentoring committee members.

## **STATE LEVEL PREPARATORY MEETING**

**Date:** 30 & 31 /05/07

**Time:** 10:00 AM – 6:00 PM

**Venue:** Balamandir Resource Center

### **Participants:**

- Civil Society Groups
- Members Of AGCA

The two day preparatory meeting started with a brief summary of the processes in Tamilnadu over the AGCA project for the past one month. The participants self introduced themselves. Rakhal Gaitonde summarized the proceedings of the first meeting held on 11 May 2007 to discuss the community monitoring project.

### **The Community Monitoring Project – Ruth Vivek, Center for Health and Social Justice.**

Ms. Ruth Vivek from CHSJ, the Secretariat of the community monitoring project provided an overview of the project to the participants. She stressed on how to build on the positive features of the project like the involvement of the panchayat personnel and also the tri partite link between the health ministry, community and the civil society groups. She briefed the group about the duration of the project, the role of the constituent members etc. The national secretariat would help in developing the required tools, protocol, training manual and IEC materials and also offer guidance in selection of the mentoring team, the nodal NGO etc. Later she went on to describe the status of the other 7 states involved in the project.

### **Discussions:**

The following were the points highlighted during the group discussion.

- ⇒ The socio-political situation of the state may influence the community monitoring process. Therefore each of the eight states may have its own dimensions. The project offers flexibility to mould the process and strategy accordingly.
- ⇒ The first step in the process is to monitor the existing guaranteed services and later build on it to recommend alternate suggestions for changes.
- ⇒ The redressal mechanism of the public health sector needs to be strengthened.
- ⇒ IEC materials need to be translated in regional language for wider circulation and awareness generation. Public must not be ignorant of their rights. The material must

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be developed in a simple format using a “rights” perspective. There is a dearth of knowledge due to lack of information in regional languages. Most of the information is available on the website making it inaccessible to a wider section of people in the villages.

- ⇒ The National Secretariat agreed to provide guidelines and information which could later be translated to Tamil.
- ⇒ The gaps in the system must be addressed in a positive manner through a public-public partnership based on the principle of equity.
- ⇒ It is necessary for the team involved in the project to repeatedly read and understand the project plan, more specifically the district plan for a smooth implementation.
- ⇒ This information gathered through the monitoring process can be used at various levels for monitoring the public sector services.
- ⇒ Media must be involved at all levels in the process. It is essential for documenting the initiatives as well as to use it as a tool in disseminating information to the public. Press meet, press releases must be organized whenever necessary.
- ⇒ Each district will exhibit unique characteristics therefore planning; setting of goals must be specific for each district and not based on a common framework.
- ⇒ There was a discussion on whether to select districts that had low health indicators, or are socially backward. Some participants suggested to include both low performing and high performing states or choose blocks that were socially backward than the rest.

### **Nodal NGO suggested**

Tamil Nadu Science Forum was unanimously chosen to be the nodal NGO

### **Districts Suggested by Civil Society Groups:**

1. Kanyakumari / Tuticorin
2. Trichy/Perambalur
3. Vellore
4. Thiruvallur
5. Virudhunagar
6. Theni
7. Cuddalore

The first 4 districts were the top priority of the group.

### **Members Suggested for the State Mentoring Team**

#### Representatives of the Implementation Group

- Prof. Rajamanickam (As representative of Nodal NGO) - Convenor
- Fr. Joseph Justus

#### Representatives of Human Rights Groups

- Ms.Sudha Ramalingam
- Mr.Ossie Fernandes
- Mr.Selvaraj

#### Representatives of Academic Institutions

- Ms.Padmini Swaminathan

#### Representatives from Medical Field

- Dr.Chandra

#### Representatives from Networks

- Ms.Saulina Arnold
- Ms.Vasuki

#### Representatives for Marginalised Sector

Ms.Fathima Bernard

Permanent Invitee – Dr.Rakhal Gaitonde (Member of Pilot Implementation Subgroup AGCA)

The following were 'Requests' to the Health Secretary for Immediate Action

- To designate a nodal official in Government to interact with project implementation team.
- Request to include DPH in mentoring team.
- To make all NRHM guarantees and policy documents available in Tamil.
- To display these in prominent places proactively.
- To designate a redressal mechanism for issues brought up during monitoring.
- To issue GO – regarding – Nodal NGO; Districts chosen; Mentoring Team.
- To issue a follow up letter with details of project to districts.

#### Representatives who met the Joint Secretary and Secretary, MoHFW, TN

1. Dr. Thelma Narayan, AGCA member
2. Dr. P. Chandra, TNHDF & MNI
3. Fr. Justus, VHAK
4. Prof. Rajamanickam, TNSF
5. Ms. Sona Sharma, PFI
6. Dr. Rakhal, Task force member, CHC
7. Ms. Saulina Arnold, TNVHA
8. Dr. Ruth Vivek V., CHSJ
9. Mr. Ameer Khan, CHC
10. Ms. Asha, CHC

#### Meeting with the Joint Secretary, MoHFW, TN, Mr. Thangamani

- Dr. Thelma introduced the community monitoring process under NRHM
- Joint secretary proposed a meeting with all the concerned authorities



#### Meeting with the Secretary, MoHFW, TN, Mr. V. K. Subburaj, IAS.

- Dr. Thelma gave a brief overview of the community monitoring process under NRHM
- Dr. Rakhal elaborated on it
- Secretary asked the group to inform the DPH and then he will issue a GO
- He had no problems with the selected districts
- When asked about his availability for the state-level workshop, he said to give him the dates and he will come
- He agreed to prepare booklets on NRHM for the common people to make them aware of the facilities available under NRHM
- He would also get the Framework for Implementation of NRHM translated in Tamil
- He said that even the health officials are unaware of the NRHM document so translating will help in this regard
- He said that already monitoring committees have been formed at the village, PHC, block and District levels
- He mentioned that activities under NRHM have been started. Two of the hospitals are being strengthened to become centers of excellence. Staff Nurse are being provided for 24 hours to PHC's. Rs 6000 is being given to BPL, pregnant women which is the highest amount given to a pregnant woman in the whole country. Due to this institutional delivery has increased. This has been documented and is sent to the GoI and they further disseminate the information. In Tamil Nadu, whenever a new project has been started, its been implemented at a faster rate than other states. Nutrition status of the state has also improved
- When asked about the grievance redressal mechanism, he said that the district Medical Officer have the powers to deal with that.

#### Representatives who met the Joint Secretary and Secretary, MoHFW, TN

1. Dr. Thelma Narayan, AGCA member
2. Dr. P. Chandra, TNHDF & MNI
3. Ms. Sona Sharma, PFI
4. Dr. Rakhal, Task force member, CHC
5. Ms. Saulina Arnold, TNVHA
6. Dr. Ruth Vivek V., CHSJ
7. Mr. Ameer Khan, CHC
8. Ms. Asha, CHC

#### Meeting with the Director of Public Health, MoHFW, TN, Dr. Padmanabhan

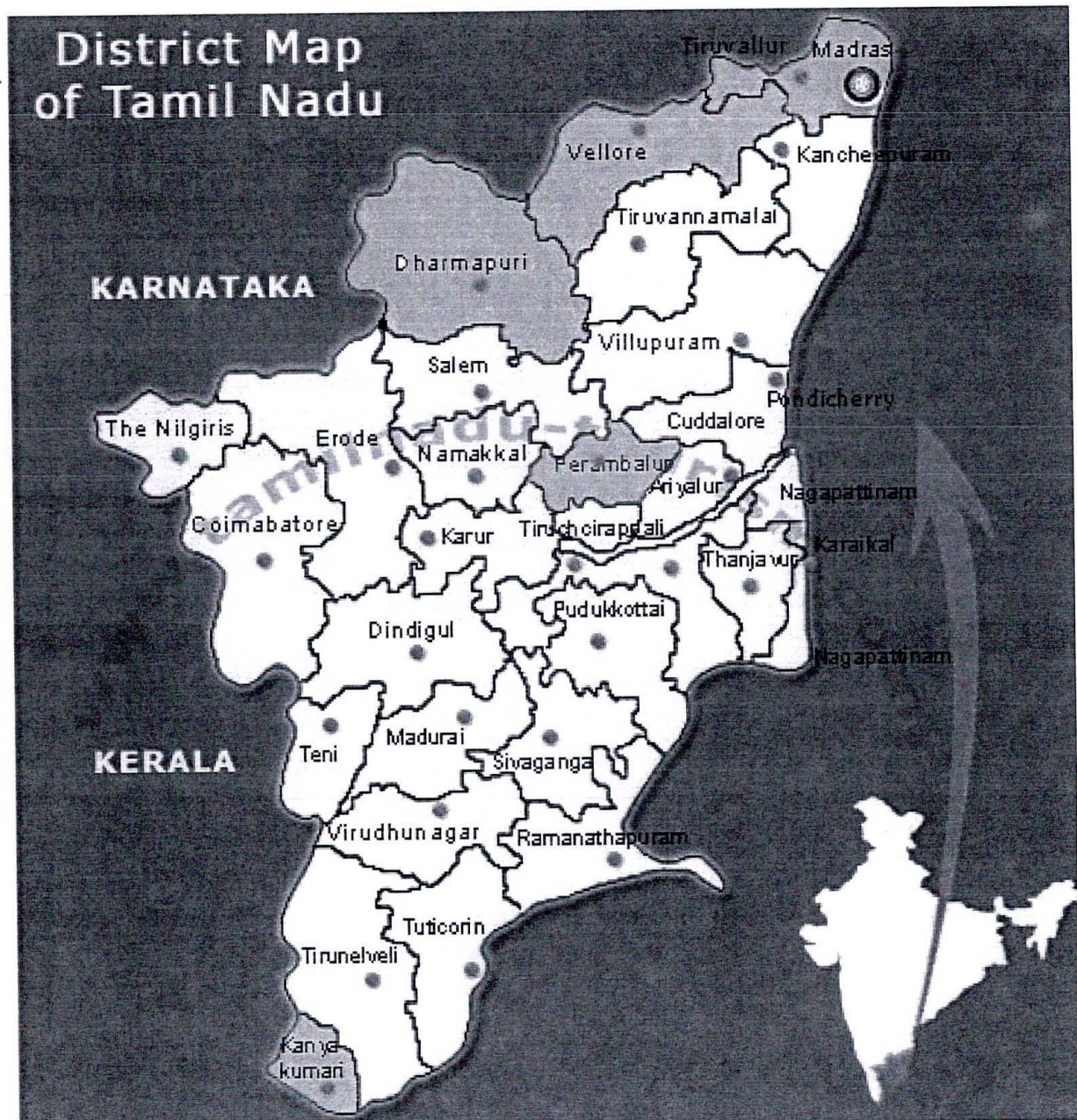
- Dr. Rakhal gave the brief introduction to community monitoring process under NRHM
- DPH suggested including Dharmapuri district and he suggested instead of selecting Kanniyakumari and Trichy some other districts could be selected.

In the second day, (31 May'07) meeting members were discussed the framework of the program. During the meeting based on Direcotr of Public health services, suggestion the important decision taken was Dharmapuri can be included as fifth district, Kanniyakumari will be retain and instead of Trichy district, Perambalur was chosen.



**Chooosen Districts :**

- Dharmapuri
- Kanyakumari
- Perambalur
- Vellore
- Thiruvallur





The project of this nature is in partnership with the Community, Government and the Panchayati Raj institutions will be a valuable step towards increasing the accessibility and effectiveness of health services to the people. Considering the importance of tripartite partnership the group decides to meet all the stakeholders to bring their involvement in the process. After a continuous followup with the group with state health officials, the Government order has been released. This process helped us to develop rapport with the officials.

During the process of issuing Government order, the design of the program had undergone few changes and many activities had been carried out at the field level. Few activities are worth mentioning here,

1. Prior to getting the G.O there were 10 meetings at the district level, two meetings at each district held before the state workshop. The objective of those meetings is, to familiarize the people and the facilitators about NRHM and the project. Many of these meetings attended by the project core team and those who had attended the TOT at New Delhi.
2. Most of the work including appointing District coordinator, choice of Block level NGOs, identification of Block PHCs and identification of Villages were done.
3. All the districts had already met or attempted to meet the relevant government officials, but since the government order had not yet come, the government officials were hesitant to participate.
4. We were continuously in touch with the state officials and had apprised them about the various processes proposed.

Given this background, when the government order came in the middle of November 2007, it was decided in the State Mentoring Committee Meeting held on 2<sup>nd</sup> December 2007 that not to have separate workshop and TOT but rather restrict the workshop to a formal inauguration of the program in the state and combine it with the TOT.

Apart from this the feedback, especially from Dr. Ajay Khare from MP, and from our partners at the district level, regarding the difficulties faced by having a TOT for a full 5 days were taken seriously. We thus decided to have a three-day state level meeting, a two day district level meeting in every district, a one day block level meeting in all the blocks as well as more block level meetings as the district and block level NGOs feel.

The following is a description of the three day program which was a combination of both the TOT and the Workshop held in Tamil Nadu.

NRHM'S SERVICES  
**COMMUNITY BASED MONITORING & PLANNING (PILOT)**  
TAMILNADU STATE

State Nodal Organisation : **Tamilnadu Science Forum**, Chennai – 600 086.

<i>Facilitated by :</i> <b>Makkal Nalavazhvu Iyakkam</b>	<b>STATE WORKSHOPS AND TOT - R E P O R T</b>
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**Venue :** Jawaharlal Nehru Stadium Meeting Hall, Chennai

**Date :** 3<sup>rd</sup> December to 5<sup>th</sup> December 2008

**Time :** 10.00 am – 5.00 PM

**Attendees :** 60 Persons

- ❖ State Mentoring Committee Members
- ❖ State Facilitators & Resource Persons
- ❖ Government Officials
- ❖ State / District/ Block Coordinators
- ❖ District Representatives      AND
- ❖ Block Representatives

**Guests:**

- Shri. Subburaj IAS, Secretary, Ministry of Health and Family Welfare, TN
- Selvi. Apoorva IAS, State Director, NRHM, TN
- Dr. Ilango, Joint Director, Gen. Health and Preventive Medicine, DPH
- Dr. Prabhu Climent Devadoss, Nodal Officer, CMP

**Resource Persons:**

- Dr. Regi, Sittilingi, THI
- Dr. Chandra, State Mentor
- Dr. Jasmine, CMC, Vellore
- Ms. Nirmala, President VHN Association of TN
- Ms. Jennat, Secretary VHN Association of TN
- Mr. Selvaraj, Joint Secretary, PUCL
- Mr. Kannaiyan, Convenor Right to Food Campaign, HRLL



## Programme Schedule:

TIME	SESSION	RESOURCE PERSON
DAY 1 - AM	INTRODUCTION AND INAUGURATION	
	Welcome address	Mrs. T.Shanti, Proj. Coord, TNSF
	Presidents address	P. Rajamanickam, Convener State Mentoring Committee, TNSF
	Spl. Guest's Inaugural Address (1)	Selvi Apoorva IAS PD, NRHM, GoTN
	Spl. Guest's CMP Address (2)	AGCA member
	Spl. Invitees (1)	Dr. Elango, Joint Director, DPH
	Community Monitoring – perspectives from the field – (ANM) – (10 mins)	Ms. Nirmala
	Community Monitoring – perspectives from the field – (Govt. Doctor) (10mins)	Dr. Ravindranath to suggest
	Community Monitoring – perspectives from the field – (PRI representative) – (10 mins)	Mr. Vishwanathan, Vellore Block
	Community Monitoring – perspectives from the field – (Civil society representative) – (10 mins)	Mr. Kannaiyan
	Community Monitoring – response from MoH-10mins	From GoTN – MoHFW
	Community Monitoring – response from NRHM (10 mins)	Dr. Prabhu Clement Nodal Officer, NRHM
	Community Monitoring – response from RD (10 mins)	From GoTN – MoRD
	Vote of Thanks	Suresh, Joint. Proj. Coord. CMP,
DAY 1- POST LUNCH	Introduction about the Program in TamilNadu-20Mins	Suresh, Joint. Proj. Coord. CMP,
	Time line of the project (1 hour). - outputs, original time lines, time left, what is doable	Ameer, CHC
	Structures and Processes within the project	Rakhal, CHC
DAY 2 – AM	Start – up Session (½ hour)	Ameer / Suresh
	Committee formation – small group discussion and plenary presentation of groups with comments by resource person (30 mins – discussion, 30 mins – presentation, 20 mins – open discussion, 10 mins – wrap up and inputs from resource person).	Facilitation – Rakhal, PR, Fr. Justus
	Preparation of the village report card (30 mins – discussion, 30 mins – presentation 20 mins – open discussion, 10 mins – wrap up and inputs from resource person).	Shanti Dani Ameer Shanti

DAY 2- POST LUNCH	Introduction to Tools for monitoring (30 mmins)	Rakhal
	Study of the tools in groups – district wise. (1 ½ hours)	Facilitation - Dist. Coord's
	Feed back from the participants about the tools. (1 ¼ hour)	Jasmine, Rakhal Dr. Chandra, State Mentor Francis, State Mentor
DAY 3 - AM	Start – up Session (½ hour)	Ameer / Suresh
	Approaching and interacting with government officials. (20 mins)	Suresh PUCL
	Approaching and interacting with PRI representatives (20 mins).	Mr. Amal Das
	Training for the committees presentation (1 hour 10 minutes)	P.Rajamanickam Shanthi and Ameer
DAY 3- POST LUNCH	Plan of Action – dictrect wise groups – worksheet based activity. (1 ½ hr group discussion 15 mins per group presentation–75 min, 1 hour discussion and clarification)	PR Suresh Ameer Shanti Shanti Dani

### Venue and Participants:

The workshop was residential (to facilitate the interaction of participants post workshop) as well as to allow for the workshop to go on late into the evening. It was held at the Jawaharlal Nehru Stadium – conference hall, Chennai.

A total of 62 persons attended the workshop on all the three days. These included nearly 50 individuals from the 5 districts in which the project is going to be implemented.

### The program:

The program was broadly divided into 6 half day sessions. The details of these sessions were as follows.

**Session 1 – Day one AM** – this was the formal state workshop with the primary objective of inauguration of the project in the state. It was attended by the Project Director of the National Rural Health Mission in the state, representative from the Directorate of Public Health, the Nodal officer from the ministry of health designated to liase with the project, technical consultants to the NRHM directorate and the president of the Tamil Nadu Village Health Nurses association, apart from representatives from the State Nodal NGO in Tamil Nadu – Tamil Nadu Science Forum, Representatives from the district level mentoring committees, representatives of the state mentoring committee, members of the Makkal Nalavazhvu Iyakkam ( the Tamil Nadu chapter of the People's Helath movement), Community Health Cell (which is providing technical consultancy), Christian Medical College, department of Community health and development and a few private practitioners who were also members of their local professional body associations.



**Session 2 – Day on Post lunch** – this session focussed on the National Rural Mission, its highlights, Community monitoring in the NRHM, the project so far in Tamil Nadu etc. The session also introduced the participants to the various structures being introduced (or which were being strengthened) and the various processes that were to be accomplished during the project period. The importance of the pilot nature of the project was also stressed.

**Session 3 – Day two AM** – During this session there was a sharing of the various types of monitoring work the participants were already involved in / or had been involved in. This was to bring home the fact that the project is not entirely new to the group and that they had a lot to contribute to the overall design and implementation of the project as it folded out in Tamil Nadu. After this sharing the participants were introduced to the tools – the participants in groups as per their district sat and read through the tools.

**Session 4 – Day two Post lunch** – During this session there was feed back from the participants regarding the tools. There was also a discussion regarding the process of committee formation and the working and setting up of these committees. These sessions were small group discussions that were facilitated by a worksheet with specific questions (Appendix II for examples)

**Session 5 – Day three AM** – There was more discussion on committee formation, the process at the village level, the logistic details etc. There was also a session by persons involved with the social auditing process of the Right to Food Campaign – on approaching and interacting with the government officials and PRI representatives.

**Session 6 – Day three Post Lunch** – The final session of the workshop was dedicated to detailed planning of the way forward – again in small groups according to the district. The district (again with worksheets) committed to processes, dates and responsibilities. The workshop ended with a participant feedback.

Simultaneously the project coordinator at the state level had separate discussions with the district nodal NGO representatives, and the district coordinators (together and separately) to discuss the issues of logistics, accounts, reporting, fund flow etc.

## **Report in detail:**

### **Session I – Day one AM**

The workshop was inaugurated by Selvi. Apoorva IAS., the Project Director of the National Rural Health Mission in Tamil Nadu.

At the outset Mr. Ameer Khan Co-convenor , *Makkal Nalavazhvu Iyakkam* and Community Health Cell welcomed all the participants to the workshop. He briefly touched upon the fact that health and health care were a fundamental human right, and this community monitoring project may be seen as step in realizing this. He also thanked the government for releasing the government, and appointing a nodal officer for liasing with this project.



Prof. Raja Manikkam, Convenor of the State Mentoring Committee and from Tamil Nadu Science Forum then delivered the Presidential Address. In the address he highlighted the various components of the National Rural Health Mission. He also highlighted the importance of community monitoring, and noted that this was a very positive step on the side of the government. It was now upto the people and civil society to use these spaces created by the government for effectively monitoring these services. He also gave a brief overview of the various committees, their functions and their potential use.

In her inaugural address, Selvi Apoorva IAS said that the National Rural Health Mission was focussing on strengthening health care services for the rural people. She said that a program like the community monitoring and planning program that she was inaugurating today should aim at increasing the community demand for government health care services. It was only when there is demand that the services become more efficient. She said that another aspect that the implementation of this project was expected to increase was community participation. She hoped that through this project there would be an increased community ownership of the public health care system. She also said that such community based activities, when coupled with functioning government services could realistically reduce maternal mortality. She sincerely hoped that this would happen.

In her response to the Community Monitoring and Planning Program Ms. Nirmala, President of the Tamil Nadu Village Health Nurses Association said that till now there used to be only internal monitoring of work. In this officials, mostly the seniors in the department, would come for monitoring. She said that this concept of the communities monitoring the functioning of the health care services was new. She said that the Village Health Nurses association would definitely welcome this process. She mentioned however that the general public had very little idea about what services were available, when they can be accessed, who is eligible for these services etc., this lack of knowledge may lead to under utilization of services or to misunderstanding – with people presuming that the service is not being provided when in-fact they are not eligible, or the service provider is at another location providing the service etc. She also mentioned that there was a very extensive and well thought out infrastructure present, and very innovative schemes, however the problem was in the actual implementation, with many genuinely poor persons loosing out due to red tape. She also highlighted the various problems the Village Health Nurses face during their work.

Dr. Prabhu Clement the Nodal Officer for this program then gave a detailed presentation on the various concepts of monitoring. He underlined the fact that the whole process was supposed to be a joint effort. He said that making it confrontational would make it loose its innovativeness and its capacity to bring about change. He described the difference between supervision and monitoring. He stressed that monitoring was not a one time event, it was continuous observation of the functioning of the services. Unless one observes the functioning in detail one cannot understand the problem from all its angles, and unless one understands the problem from all the angles one cannot hope to bring about positive change. He like the earlier speakers also stressed that there needs to be a concerted attempt at increasing the awareness levels of the people regarding the various services available in the public health system.

The session was brought to a close by Prof. Krishnaswamy, President of Tamil Nadu Science Forum, who welcomed the whole initiative, and hoped that this would bring about a measurable increase in the health of the people of Tamil Nadu.



## **Session 2 – Day One Post Lunch**

The post lunch session started with a presentation by Ameer Khan on the history of the People's Health Movement, the *Jan Swasthya Abhiyan* in India and the *Makkal Nalavazhvu Iyakkam* in Tamil Nadu. He especially mentioned the betrayal of the dream of health for all, the decision by various groups working on health in the late 1990s that people's health must be in people's hands. He spoke about the preparatory activities all over the world that lead up to the first People's Health Assembly held in Savar, Bangladesh. He also mentioned the preparatory activities in Tamil Nadu as part of the Indian preparation that culminated in the first National People's Health Assembly in Kolkata. He also mentioned the Cuenca - 2<sup>nd</sup> People's Health Assembly as well as the 2<sup>nd</sup> National People's Health Assembly in Bhopal in 2007.

Subsequently Dr. Rakhal of *Makkal Nalavazhvu Iyakkam* Tamil Nadu secretariat and Community Health Cell gave a detailed overview of the National Rural Health Mission. He reiterated the stated goals, the 5 key approaches including -

He specifically highlighted the strengthening of the public health care services by the development of Indian Public Health Standards. He also mentioned the various monitoring and planning committees at different levels and the expected role of the Panchayati Raj institutions. He saw this as one of the most important spaces available to the community in this program. He mentioned that this space was something all of us have been struggling for in various ways and forms. He felt that this opportunity cannot be left by the way side. As this was a pilot project, there was a good chance that our experiences would feed into a national process to finalize the overall protocol and tools. He also mentioned the introduction of the Patient Welfare societies at different health care institutions, their significance, and the funding for these. He felt that one of the most important innovations of the National Rural Health Mission was the introduction of untied funds at various levels. This not only gave flexibility, but also potentially increased ownership by giving the committees at various levels some importance and feeling of responsibility.

During his talk he also touched upon the main features and details of the present Community monitoring and planning project. He stressed the process part and felt that we need to focus more on the process and awareness building rather than any specific indicators which will be expected to take much longer to reflect change. However he did feel that we should keep ourselves some clear goals that will be felt as useful to the community and that is easily achievable. Moreover he also stressed that while doing the project we need to keep in mind that in the long run this process is to be done by every community, many of whom may not have the support of the civil society groups as in the present project. Thus the protocols and tools and processes we envisage needs to keep this in mind.

Mr. Selvaraj, State mentoring committee member then made a presentation on trying to understand the process of monitoring. He first highlighted some of the basic issues of health. The fact that health was a fundamental human right. The fact that health care should be available to all regardless of ability to pay. He also talked about various ways to increase the participation of communities. He specifically mentioned that all this needs to be done in the backdrop of a struggle against privatization. He also mentioned the problems faced by the people due to this move towards privatization.



Dr. G Kolandaivel Pandian then gave a lucid presentation on the various social determinants of health. He highlighted the following specifically: the importance of health related awareness among the people; the common health related problems faced; the importance of the formation and strengthening of the various committees; the strengthening of the various institutions delivering health care. At the same time he also highlighted the importance of good food; protected and purified drinking water; toilets and adequate hygiene and sanitation; livelihood; regular income; womens education; access to basic health services etc.

### **Session 3 – Day two AM**

The morning session started with a round of open sharing about the various experiences each member of the audience had had with community based monitoring.

Mr. Arul of Jeevajothei recounted their experiences of forming village watch dog committees. Apart from involving the various panchayat representatives, ward members, senior respected persons etc. they also involved the actual beneficiaries of the program. This was done especially to ensure direct feedback regarding the services. Thus the school based monitoring was done through the PTA committee, the ICDS monitoring was done through the mothers group. This ensured interest and ownership of the monitoring.

Fr. Justus talked about the importance of face to face accountability in the planning of accountability mechanisms. He mentioned how for a member of parliament for example – there is no real accountability as he is supposed to represent such a large number of people who are separated by large distances as well as varying needs and priorities. He explained the concept of neighbourhood level committees and the effectiveness of such a concept and its working in Kanyakumari.

The representative from Pasumai Trust that works among the migrant workers who come to work in the brick kilns in the area. She mentioned the horrible conditions under which the people worked. She mentioned about the long time it takes to organize people and make them demand their right. She also mentioned the importance of having a government order / law etc. to quote and organize around. Given the relationship between the workers (many of whom are bonded) and the owners – it was very difficult to get people to demand their rights. She talked about their struggles for increase in daily wages, and how it took a lot of time and convincing before people decided to get together and form a committee and demand their right. The people required inputs on how to write applications, talk to officials, which rules to quote etc.

Dr. Chandra mentioned that no single person alone could go and ask questions. However continued information and organizing will definitely pay good results. She mentioned the campaign to introduce immediate breast feeding at hospitals as an example of a practice that has increased not only through health education, but also due to pressure from interested pediatricians.

Ms. Nirmala of the TNVHNA made a presentation about the various problems from the perspective of the VHNS. She highlighted the issues of people resistance to health messages. The FST tablets given during pregnancy was a classic example. No one completely had all the tablets. She also mentioned that the siddha medicines that were being distributed for anemia in a few districts were very successful and welcomed by the people, but the program



was not being expanded. She also talked about the lack of basic materials at the sub-center level, there was not even current given to many sub-centers though the VHNs were performing very well. She also mentioned that many a time crucial posts like a sweeper or cleaner have not been budgeted and this leads to a lot of problems in the smooth running of the services. She also mentioned that while the programs like Muthulakshmi Reddy scheme and JSY were functioning very well, there was an increasing trend for political interference to get the benefits for rich and politically connected mothers, while genuinely poor and deserving mothers were being left out. Many of the problems were because the people did not understand the way the government functioned, this led to a lot of misunderstanding.

Dr. Jasmine suggested that monitoring should be a silent process, where there is detailed observation of what is happening at the level of the PHC or the Sub-center etc. Based on this observation detailed reports can be made. Again she felt these reports should be collated and presented centrally rather than at the local level to avoid direct confrontation between service providers and clients.

Prof. Rajamanikkam then went over a summary of all the spaces opened up by the NRHM scheme. He mentioned the State Health Society, the District health societies, the patient welfare societies at various levels etc. and mentioned their roles and responsibilities. This will help in monitoring or even taking part in each of these.

#### **Session 4 – Day Two Post Lunch**

The group then broke up as per districts and read through the tools that were circulated to them. This extended to post lunch. After lunch the groups each made a presentation of what the various suggestions for changes in the tools were.

After this session, there was a briefing about the various activities that need to be done at the block level by the groups. This included the performing of a base line description of the village, activities to decide the health committee, training of the health committee etc. Dr. Rakhal and Ameer described these processes in detail. This was followed again by the group breaking up district wise. They filled in worksheets (Appendix III) to record their plans and deadlines as well as their plans.

#### **Session 5 – Day Three AM**

In the morning session there was a continuation of the discussion on the formation and the actual composition of the various committees. There was discussion on the exact definition of a 'village' to be taken and about the importance of specifically collecting information from the dalits. Various participants recounted experiences in Tamil Nadu where Dalits were still refused treatment in PHCs etc. thus it was important to choose in each district at least one predominantly dalit village. After a detailed discussion on the logistics and other details of the project, there was presentation by Mr. Kannaiyan of the Right to Food Campaign – he described the recently completed Social Audit process in Villupuram district. He highlighted the various challenges in interacting with officials at various levels including the panchayat representatives, as well as the special nature of the Right to Food that had the supreme court orders to fall back on and as a bench mark.



### **Session 6 – Day Three Post Lunch**

The final session consisted of two parts. In the first part the participants sat together as districts and went through the development of a detailed plan of action. Again this was done with a worksheet (Appendix IV). This was a very good session as the district teams got to know one another, and had a lot of time to plan together, an opportunity many felt they would not get back in the districts. The presentation of the plans of action was to a panel consisting of the Nodal Officer, Fr. Justus, Dr. Chandra and Mr. Shankar .

After a presentation of the individual plans of action, there was a facilitated evaluation of the whole program, by the participants. In the feedback all the participants felt they had got a lot of new information and felt quite enthused about going back to the districts and beginning the project. They all however mentioned that the time line was very ambitious, but however they would give it their best shot as this was a very good opportunity.

#### **Plan & Schedule:**

We come to the following action plan for next three months i.e. from Decemebr 2007 to February 2008 from the group disscussion made in the workshop with the style followed in the state workshop.

<b>NO</b>	<b>Activity</b>	<b>Description</b>	<b>Units</b>	<b>Time Frame</b>
01	District Workshop	2 days wokshop at each districts with the particiapation of block & village key activists, officials and community members	5 Nos	Decceember 2007
02	Block Workshop	One day wokshop at each block with the particiapation of Block and village key activists, officials and community members	45 Nos	Decceember 2007 – January 2008 (before 14 <sup>th</sup> )
03	Pilot Study	A pilot study on Tools evalved in workshops in one PHC in each district minimal	5 Nos	Last week of January 2008
04	VHSC Formation	Preparatory meeting and Formation of VHSC in all villages	225 Nos	January 20 <sup>th</sup> 2008 – February 2008

The Districts and Blocks start to implemet this plan and finishes in time with required outcome.



# DISTRICT AND BLOCK WORKSHOPS - R E P O R T

## DHARMAPURI DISTRICT WORKSHOP-TOT REPORT

**Venue :** Periyar Mandapam- Dharmapuri.

**Date :** 26<sup>th</sup> & 27<sup>th</sup> Dec'07

**Time :** 10.00am

### **Attendees :**

1. Mr.K.Ilavarasan- Director –Arogiam Trust
2. Mr.K.P.Senthilraja- Peoples watch- Dharmapuri.
3. Mr.Dharmalingam-Director-RDS-Kadathur
4. Mr.saravanan-Director-SEEDS-Nallampalli
5. Mr.Sivakumar-Director-CRDS-Harur
6. Mr.Velmurugan-Director- Dharmaas-Palacode.
7. Participants from NGO Leader, Civil society members, Panchayt Representatives, Govt. officials ( List Enclosed)

### **Guest :**

1. Mr.G.venkaterswaran- Chairman , District Panchayt- Dharmapuri.
2. Dr.ayyanar-MD, DDHS- Dharmapuri.
3. Ms. A.alphonse Mary ,DMCHO, Dharmapuri.

### **Resource Persons :**

1. Mr.Ameerkan-MNI-Chennai.
2. Mr.M.Shankar-president-DHVANI ( Dt. Nodal Orgn.)
3. Mr.K.Kamalakkannan, Dt.prog.Co or –CM process –DHVANI.
4. Ms.Krishnaveni- Dt.Secretary-AIDWA, Dharmapuri.

**Total Participants :** 87 Members.

Panchayt Presidents	:	9 Members
Ward members	:	3 members

SHG Leaders	:	28 members
NGO Leaders	:	22 members
Community Leaders	:	16 members
Youth Leaders	:	6 members
Guest	:	3 Members

#### **Agenda :**

1. Inauguration
2. Health as Rights an over view
3. Introduction of NRHM & CM
4. Roles & responsibilities of Govt.
5. Health Status in Dharmapuri dt.
6. Formation of Dt. Committee
7. plan of Action .

#### **Tool used :**

- Training Materials ( scribbling Pad, pen , File , Phamplet)
- Thematic address
- Experience sharing
- Group process
- Group presentation.

#### **Methodolgy used :**

- Participatory Process followed.

#### **Report:**

26<sup>th</sup> Dec'08:

The workshop began with welcome address by Mr. Elavarasn, Director , Arogiam Trust Dharmapuri.

Mr. M.Shankar, President – DHVANI, delivered an introductory address on NRHM and CM process and also briefed on the importance of two days workshop. In his address stated that NRHM is an initiative by the Govt. of India to ensure health to all before 2012. The major thrust of the programme is to reach the un reached in society.



Mr. G.Venkateswaran:

The Dt. Chairman delivered a guest lecture and stated that this is a new programme and the stakeholders should be participated to make it success. The Dt. Panchayat Administration is willing to extend its support for the success of the process and assures you that what ever the support required let me committed to do for the casue.

Dr. Ayyanar, DDHS:

He delivered key note address and shared that what are the activities being carried out in the District ,and stated that health activities in the district is at the satisfactory level in all aspects such as .. immunization coverage, Institutional deliveries and HSC functions and formation of committees at PHC and HSC level. In order to ensure maximum reach out all the VHNS are having cell phone and the number displayed in front of HSC. To make it 100% institutional deliveries in tribal areas where the staff are facing problems , suggestion has give to care the complete family members to stay in the hospital during delivery period by provide meals to all the members for all the days especially in Sidheri and Kottapatti tribal area. The Tribal mobile clinic and emergency Ambulance services are being intensively operating for the cause. Finally he shared that the health department is willing to extend its support to make it success and immediately given an order to Medical officers and VHNS to participate at the block level workshops in the respective blocks.

Ms. Alphonse mary:

She is responsible for district maternal and child health while addressing , few issues had been focused how the system is functioning the district and the achievement made during the recent period.

Mr. Ameerkan:

Mr. Ameerkan who is from Makkal nalvazhavu Iyakkam , Chennai , narrated the whole process being developed by the Govt. of India and the roles and responsibilities of the state health department. The basic inputs by him helped the participants to involve in the workshop and contributed to strengthen the process.

After an inaugural function , thrust area of the workshop focused by Mr. Ameerkan elaborately. An hour Thematic speech on health as right sensitized the participants to re act in the process. Every body felt that this is very much important and monitor the health activities in the area and very clearly shared that the CM process doesn't mean to find fault against the system but strengthen the system to make it reality by reach out to entire community.

Mr. M.shankar:

He narrated the CM process in the district and the list of blocks, PHCs and coordinating NGOs in which the pilot phase of community monitoring is to be undertaken was finalised as follows.

<b><u>Block</u></b>	<b><u>PHC</u></b>	<b><u>Coordinating NGO</u></b>
<b>Nallampalli</b>	Indur	SEVA
District coordinator - SEEDS	Thoppur	Pothigai
	Palayanpudur	SEEDS
<b>Harur</b>	Kotapatti	CRDS
District coordinator – CRDS	Chinnakuppam	AWARD
	Koothadipatti	HELP
<b>Karimangalam</b>	Jakkasamudran	RDS
District coordinator - RDS	Hanumanthapuram	DHARMAAS
	Periyampatti	Arokiyam

And shared that the formation of different committees at different level to monitor the health activities in the district . He stressed more on the committee formation and its importance in strengthening the democratic process and it should be ..bottom up representation.

27<sup>th</sup> Dec'07:

Mr.Elavarasan :

He took the topic on roles and responsibilities of PHCs and HSCs , he listed out the activities are being carried out in PHCs and HSCs. The major activities are ..

M.O- PHC:

- 8 .00am to 11 .00 am op
- 12 .00 am special cases
- 5.00 pm field visit one HSC
- Dr. Availability Board disply
- Attend call duty
- Ensure safe drinking water
- Endemic Diseases care ( If occur )
- Patient welfare society Monitoring
- VHSC monitoring
- Untied funds monitoring
- Birth verification
- Free birth certificate issue immediately before discharge from delivery.
- Friday IEC
- Trainings to Community health Volunteers
- Lab function



- Drug supply monitoring and intend.
- 24 hrs delivery
- 3 SN
- And other duties call by the district administration.

VHN- HSC :

- 8.00 am to 1.00 pm Field visit
- 1.00 to 3.00 pm rest
- 3.00 to 5.00 pm records maintain
- Prepare FTP ( Field Tour programme )
- ATP ( Action Tour Programme )
- Monday- AN Day
- Tues Day- PHC review
- Wednesday- Immunisation
- Thrusday- School health
- Friday- IEC
- Saturday- drop out day
- Govt. Schemes ( Muthulakshmi Reddy Scheme and Govt.

Mr.Kamalakkannan :

He developed the process to be carried out at various level. In this regard few question have been given to the participants such as..

1. What are the activities to be monitored
2. Who all are going to do
3. How are we going to do
4. Tool to monitor

The total participants have been divided in to 5 groups and discussed the same with different perspectives and made charts and presented by the moderator from each group. The process went on in healthy manner and every dody participated to strengthen their group.

Mr. M.Shankar:

1. Summerised the whole event and proposed to form a committee at the district level . With the opinion of the participants the following members were suggested by the group to lobby with the district administration. District Level Monitoring Committee.
2. - Mr. Shankar, DEEPS ( Dt. Nodal NGO DHVANI President )  
- Mr. Senthil Raj, Real Foundation( Human Rights Activist)

- Mrs. Kanakamma Thavasi, PMNM ( Women Leader )
- Mr. Kamalakannan, IRDO ( CM process Dt. Co or )
- Ms.Krishnaveni ,( Women Activist )AIDWA representative
- Dr. Ravichandran , TN IMA representative

3. The following names were suggested for the District Mentoring Committee.

- Dr. Regi George, THI - Mr. Ilavarasan, Arokiyam

4. The following resolutions were passed:

- Block level workshop should conducted before the end of Dec'07.
- Initiate rapport with all stakeholders and shared the process.
- Inform to the community and the panchayt rep in the identified area.
- Identify the potential and needy people who can contribute for the success of the process at village level.
- Invite all the stakeholders for block level workshop especially the health personnel and panchayat chairman and representatives.

Mr.Senthil Raja :

The two days programmes has been briefed by him and thanked all the participants and the state nodal and facilitating organization for provided an opportunitu to initiate the process in the district.

Signature

#### Participants :

S.No	Name	Address
1	S.Kuppuraj	Magenthiramangalam (PO)
2	P.Tamilselvam	Malliguddai (PO)
3	B.Dhanalakshmi	Malliguddai (PO)
4	D.Kalapponnu	Toppur (PO)
5	A.Amsaveni	Modur (PO)
6	P.Latha	Pagalahalli (PO)
7	S.Deivani	Pagalahalli (PO)
8	S.A.Murugan	SEEDS,Kongavembu,Harur(TK).
9	S.Saraswathi	SEEDS,Pagalahalli,Dharmapuri(DT).
10	A.Sekar	Pagalahalli (PO)
11	Kogilavani	Palvadi
12	R.Murugan	Paparapatti (PO)
13	D.Ganesan	SEEDS, Nallampatti.
14	G.Surulirajan	DHARMAAS,Palacode.
15	Ameerkhan	MNVI, Chennai
16	P.Malliga	Pothigai, Pagalahalli (PO)
17	P.Santha	Maniyathhalli (PO)
18	Kamala	Maniyathhalli (PO)
19	K.Duraimani	SEVA, Paparapatti (PO)
20	R.Drmalingam	RDS
21	A.Saravanan	SEEDS



22	N.Prabavathi	President, Bkkanahalli.
23	N.Uvarajan	Vicepresident
24	K.Elavarasan	Arrogiyam, Truest.
25	K.P.Senthil	Peopls watch, Madurai
26	T.D.Murugaiyan	5/915, Senthil nager.
27	S.Senthilkumar	HELP, NGO, Harur
28	M.Vasanthakumar	HELP, NGO, Harur
29	K.Elavarasan	HELP, NGO, Harur
30	P.Kuppusamy	HELP, NGO, Harur
31	A.Rajesh	Youth Group, Barathipuram.
32	T.Sivarangam	Youth Group, Barathipuram
33	D.Latha	PRWDS, Pagalahalli, Dharmapuri
34	P.Palani	President, Mallikudai, Palacode
35	S.Mothilalnerhu	Nallampalli
36	C.Selvaraj	AWARD, NGO
37	P.Karunamurthi	HELP, NGO
38	G.Ravikumar	Arrogiyam, Truest
39	Talith.Govinthan	Dt. President, Athithiravidarsangam
40	Padmapiriya	Janapriyasai, DashanApts, BGI-67
41	Sivalingam	SGH, Jarugu
42	Sunthari	SGH, Jarugu
43	Madhammal	Members, Jarugu
44	N.Sakthivel	Toppur (PO)
45	S.C.Kaneshkannan	Toppur (PO)
46	V.Kaliyammal	Bairnakkanpatti (PO)
47	M.Maya	Kottappatti
48	S.K.Sarumathi	Kottappatti
49	Perumal	Kottappatti
50	M.Murugan	Palvadi
51	R.Kala	Palvadi
52	Mari	Vetrappatti (PO)
53	Subbulakshmi	Vetrappatti (PO)
54	S.Amutha	Sembakapoo SGH, Vellanur
55	Sunthiram	Sevanthipoo (SGH)
56	Rajakumari	Rojapoo (SGH)
57	Pappathi	Sevanthipoo (SGH)
58	G.Rathakishnan	Nakkanpatti ( PO)
59	E.Munusamy	Kammappatti (PO)
60	S.Sivakumar	CRDS,NGO, Harur
61	P.Krishnaveni	Nakkamar,SGH
62	K.Ramalingkam	Magenthiramangalam (PO)
63	K.R.Annadurai	Karimangalam (PO)
64	K.Periyasamy	Makkalnala paniyalar, Palavadi Panchayat.
65	P.R.Sakthivel	Pannandur (PO)
66	K.Rajalingam	Toppampatti (PO)
67	T.Tamarikannan	DEEPS, Pennagaram (TK)
68	K.Selvam	Pagalahalli (PO)
69	Kaliyammal	Sathiyabama SGH, Sonnampatti



70	Maachila	Sathiyabama SGH, Sonnampatti
71	M.Palanisami	Tippampatti (PO)
72	P.Anbalakan	A.Murukkampatti
73	K.M.Palani	Erumathur (PO)
74	S.Gowri	Seva, NGO
75	T.Kanakamthachi	PMNM
76	Kasilingam	PMNM
77	Muthuraj	Vice - president
78	C.Ravi	Makkalnalappaniyalar
79	V.Baskar	President, Anumanthapuram
80	L.Thangavel	4 <sup>th</sup> Ward Member
81	Munusamy	Ward Member
82	S.Rajamma	AIDWA, Dharmapuri
83	R.Valli	AIDWA, Dharmapuri
84	Madhammal	AIDWA, Dharmapuri
85	T.Bakkiyam	AIDWA, Arur
85	M.Sathiya	AIDWA, Dharmapuri
86	S.P.Vengatesan	Dt. President
87	Dr.N.Iyyanar	Deputy Director, Health, Dharmapuri
88	A.Alphonesamary	Director Material & Child health Officer, Dharmapuri
89	N.Kamalakkannan	Dt. Co-ordinator, NHRM Project
90	M.Shankar	Dr.DHVANI

District map :

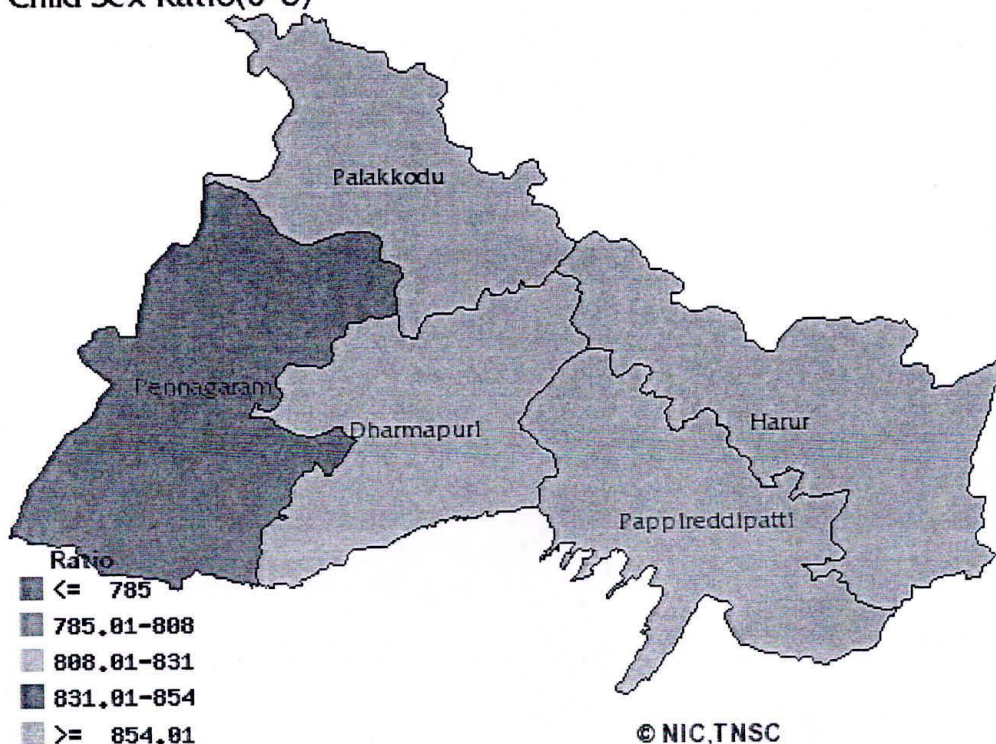
Coverage Blocks for Pilot project under CM process in NRHM services in Dharmapuri District:

**Harur block**

**Nallampalli**

**Karimangalam**

**Dharmapuri  
Child Sex Ratio(0-6)**





## **DHARMAPURI DISTRICT – HARUR BLOCK**

**Venue :** Panchayat Union Meeting Hall, Harur

**Date :** 29.12.2007

**Time :** 10.30 am

**Attendees :**

Participants from NGO Leader, Civil society members, Panchayat Representatives, Govt. officials ( List Enclosed)

**Guest :**

Mr.Sakkan Sharma –Dt. Panchayat Member & Dt. Planning Committee.

Ms. Rajeswari – BDO- Harur

**Resource Persons :**

Mr.M.Shankar-president–DHVANI ( Dt. Nodal Orgn.)

Mr.karunamoorthi- Director – HELP- Harur

Mr.Selvaraj- AWARD- Pappireddipatti

**Total Participants : 76Members .**

**Agenda :**

- 1.Inauguration
2. Health as Rights an over view
3. Introduction of NRHM & CM
4. Roles & responsibilities of Govt.
- 5.Health Status in Dharmapuri dt.
6. Formation of Dt. Committee
7. plan of Action .

**Tool used :**

- Training Materials ( scribbling Pad, pen , File , Phamplet)
- Thematic address
- Experience sharing
- Group process
- Group presentation.

**Methodolgy used :**

- Participatory Process followed.

## Report:

The workshop began with welcome address by Mr. Sivakaumar , Director , CRDS Harur. Mr. M.Shankar, President – DHVANI, delivered an introductory address on NRHM and CM process and also briefed on the importance of workshop. In his address stated that NRHM is an initiative by the Govt. of India to ensure health to all before 2012. The major thrust of the programme is to reach the un reached in society.

Mr. Sakkan Sharma :

The Dt. Panchayat Member and Dt. Planning Committee member delivered a guest lecture and stated that this is a new programme all the stakeholders should be participated to make it success. The Panchayt Administration is willing to extend its support for the success of the process and assures you that what ever the support required let me committed to do for the cause.

He also pointed out that the health activities in Harur area is not at the satisfactory level, the officials not even listen the words of the peoples representatives. This is an opportunity to the peoples representatives to monitor with an order provided by the Govt. The PHCs functions and care delivery should cared.

Mr. karunaMoorthy:

Director HELP NGO ,narrated the whole process being developed by the Govt. of India and the roles and responsibilities of the state health department. The basic inputs by him helped the participants to involve in the workshop and contributed to strengthen the process.

After an inaugural function , thrust area of the workshop focused by Mr. Shankar elaborately. An hour Thematic speech on health as right sensitized the participants to re act in the process. Every body felt that this is very much important and monitor the health activities in the area and very clearly shared that the CM process doesn't mean to find fault against the system but strengthen the system to make it reality by reach out to entire community.

He also narrated the CM process in the district and the list of blocks, PHCs and coordinating NGOs in which the pilot phase of community monitoring is to be undertaken was finalised as follows.

<b><u>Block</u></b>	<b><u>PHC</u></b>	<b><u>Coordinating NGO</u></b>
<b>Nallampalli</b>	Indur	SEVA
District coordinator – SEEDS	Thoppur	Pothigai
	Palayanpudur	SEEDS
<b>Harur</b>	Kotapatti	CRDS
District coordinator – CRDS	Chinnakuppam	AWARD
	Koothadipatti	HELP
<b>Karimangalam</b>	Jakkasamudran	RDS
District coordinator – RDS	Hanumanthapuram	DHARMAAS
	Periyampatti	Arokiyam



At Block level in concern with Nallampalli Block the following village have selected for the process .

S.No	Block	PHC	Villages	NGO
1	<b>Harur</b>	Kottapatti	1.Annanagar 2.Sooranatham 3. Motur 4. sittilingi 5.Valanoor	CRDS ( Block Nodal organization )
2.		Koothadipatti	1.Kongam 2.Bharathipuram 3.Mathiyampatti 4.Thamaraikoliyampatti 5.Vadugapatti	HELP
3.		Chinnakuppam	1.Vachayathi 2.P.Kokkarapatti 3.Pattavarthi 4.Chinnakuppam 5. Nambipatti.	AWARD

And shared that the formation of different committees at different level to monitor the health activities in the district . he stressed more on the committee formation and its importance in strengthening the democratic process and it should be ..bottom up representation.

Mr. Sivakuamar:

He took the topic on roles and responsibilities of PHCs and HSCs , he listed out the activities are being carried out in PHCs and HSCs. The major activities are ..

M.O- PHC:

- 8 .00am to 11 .00 am op
- 12 .00 am special cases
- 5.00 pm field visit one HSC
- Dr. Availability Board disply
- Attend call duty
- Ensure safe drinking water
- Endemic Diseases care ( If occur )

- Patient welfare society Monitoring
- VHSC monitoring
- Untied funds monitoring
- Birth verification
- Free birth certificate issue immediately before discharge from delivery.
- Friday IEC
- Trainings to Community health Volunteers
- Lab function
- Drug supply monitoring and intend.
- 24 hrs delivery
- 3 SN
- And other duties call by the district administration.

VHN- HSC :

- 8.00 am to 1.00 pm Field visit
- 1.00 to 3.00 pm rest
- 3.00 to 5.00 pm records maintain
- Prepare FTP ( Field Tour programme )
- ATP ( Action Tour Programme )
- Monday- AN Day
- Tues Day- PHC review
- Wednesday- Immunisation
- Thrusday- School health
- Friday- IEC
- Saturday- drop out day
- Govt. Schemes ( Muthulakshmi Reddy Scheme and Govt.

Mr. Selvaraj :

Summerised the whole event and proposed to form a committee at the block level . With an opinion of the participants the following members were suggested by the group to lobby with Block administration. And decided to form a committee with the consent of all the stake holders in the PHC/Block. Initiate the process of generate awareness in the identified villages and choose members for forming village level committee to strengthen the process. He briefed the day long programme and thanked all the participants ,the state nodal and facilitating organization for provided an opportunitu to initiate the process in the district.



## **DHARMAPURI DISTRICT – KARIYAMANGALAM BLOCK**

**Venue :** Panchayat Union Meeting Hall, Karimangalam

**Date :** 28.12.2007

**Time :**10.30 am

**Attendees :**

Participants from NGO Leader, Civil society members, Panchayat Representatives, Govt. officials ( List Enclosed)

**Guest :**

Ms.BCR.Chandirika Manoharan –chairman-Karimangalam Panchayat Union .

**Resource Persons :**

Mr.K.Kamalakkannan- Dt. Prog. Co or –CM process

Mr. Elavarasan – director – Arogiyam Trust.

Mr. Vel Murugan-Director – Dharmaas.

**Total Participants : 55 Members .**

**Agenda :**

- 1.Inauguration
2. Health as Rights an over view
3. Introduction of NRHM & CM
4. Roles & responsibilities of Govt.
- 5.Health Status in Dharmapuri dt.
6. Formation of Dt. Committee
7. plan of Action .

**Tool used :**

- Training Materials ( scribbling Pad, pen , File , Phamplet)
- Thematic address
- Experience sharing
- Group process
- Group presentation.

**Methodolgy used :**

- Participatory Process followed.

## Report:

The workshop began with welcome address by Mr. Dharmaplingam , Director , RDS-Kadathur .

Ms.BCR.Chandrika Manoharan:

The Chairman – karimangalam Panchayat Union Member presided over the event and delivered a guest lecture and stated that this is a new programme all the stakeholders should be participated to make it success. The Panchayt Administration is willing to extend its support for the success of the process and assures you that what ever the support required let me committed to do for the cause.

Mr. Kamalakkannan :

District programme co ordinator for CM process ,narrated the whole process being developed by the Govt. of India and the roles and responsibilities of the state health department. The basic inputs by him helped the participants to involve in the workshop and contributed to strengthen the process.

After an inaugural function , thrust area of the workshop focused elaborately. An hour Thematic speech on health as right sensitized the participants to re act in the process. Every body felt that this is very much important and monitor the health activities in the area and very clearly shared that the CM process doesn't mean to find fault against the system but strengthen the system to make it reality by reach out to entire community.

He also narrated the CM process in the district and the list of blocks, PHCs and coordinating NGOs in which the pilot phase of community monitoring is to be undertaken was finalised as follows.

<b><u>Block</u></b>	<b><u>PHC</u></b>	<b><u>Coordinating NGO</u></b>
<b>Nallampalli</b>	Indur	SEVA
District coordinator – SEEDS	Thoppur	Pothigai
	Palayanpudur	SEEDS
<b>Harur</b>	Kotapatti	CRDS
District coordinator – CRDS	Chinnakuppam	AWARD
	Koothadipatti	HELP
<b>Karimangalam</b>	Jakkasamudran	RDS
District coordinator – RDS	Hanumanthapuram	DHARMAAS
	Periyampatti	Arokiyam



At Block level in concern with Nallampalli Block the following village have selected for the process .

S.No	Block	PHC	Villages	NGO
1	Karimangalam	Jakkasamudram	1.Soddapatti 2.Bikkanahalli 3.Veersoonur 4.Bhoothipatti 5.Seengari	RDS ( Block Nodal NGO)
2.		Hanumanthapuram	1.Sonnampatti 2.vaiyalkottai 3.Mathaneriakottai 4.Sottanampati 5.savadiyur	DHARMAAS
3.		Periyampatti	1.Modhur 2.Kamalapuram 3.Ramiyanahalli 4.Medunahalli 5.Nimangarai & colony.	Arogiyam Trust.

And shared that the formation of different committees at different level to monitor the health activities in the district . he stressed more on the committee formation and its importance in strengthening the democratic process and it should be ..bottom up representation.

Mr. Elavarasan :

He took the topic on roles and responsibilities of PHCs and HSCs , he listed out the activities are being carried out in PHCs and HSCs. The major activities are ..

M.O- PHC:

- 8 .00am to 11 .00 am op
- 12 .00 am special cases
- 5.00 pm field visit one HSC
- Dr. Availability Board display
- Attend call duty
- Ensure safe drinking water
- Endemic Diseases care ( If occur )
- Patient welfare society Monitoring

- VHSC monitoring
- Untied funds monitoring
- Birth verification
- Free birth certificate issue immediately before discharge from delivery.
- Friday IEC
- Trainings to Community health Volunteers
- Lab function
- Drug supply monitoring and intend.
- 24 hrs delivery
- 3 SN
- And other duties call by the district administration.

VHN- HSC :

- 8.00 am to 1.00 pm Field visit
- 1.00 to 3.00 pm rest
- 3.00 to 5.00 pm records maintain
- Prepare FTP ( Field Tour programme )
- ATP ( Action Tour Programme )
- Monday- AN Day
- Tues Day- PHC review
- Wednesday- Immunisation
- Thrusday- School health
- Friday- IEC
- Saturday- drop out day
- Govt. Schemes ( Muthulakshmi Reddy Scheme and Govt.

Mr. Velmurugan :

Summerised the whole event and proposed to form a committee at the block level . With an opinion of the participants the following members were suggested by the group to lobby with Block administration. And decided to form a committee with the consent of all the stake holders in the PHC/Block . Initiate the process of generate awareness in the identified villages and choose members for forming village level committee to strengthen the process.

Mr. Kanniyar :

He briefed the day long programme and thanked all the participants ,the state nodal and facilitating organization for provided an opportunitu to initiate the process in the district.



S.NO	Name	Address
1	S.Maghalakshmi	Magenthiramangalam (HSC) Jakkasamuthiram (PHC)
2	R.Ananthanayaki	Thumbalahalli (HSC) Anumanthapuram (PHC)
3	P.Ganthimathi	Anumanthapuram (HSC&PHC)
4	R.Kanivaani	Pommahalli(HSC) Anumanthapuram(PHC)
5	V.Devaki	Kottavur (HSC) Anumanthapuram(PHC)
6	S.Mageshvari	Bikkanahalli(HSC) Jakkasamuthiram(PHC)
7	A.Rema	Magenthiramangalam (PO)
8	M.Manjsula	Magenthiramangalam (PO)
9	Samakkal	Ward Member, Bikkanahalli
10	Inthira	Bikkanahalli Maghalakshmi(SHG)
11	S.Vanithameri	Savadiur
12	V.Kokkila	Malliguddai (PO)
13	Murugammal	Malliguddai (PO)
14	Sivasangkari	Anumanthapuram
15	Kavitha	Anumanthapuram
16	Chennammal	Anumanthapuram
17	M.Santhira	Magenthiramangalam (PO)
18	M.Meenashi	Sottanahalli
19	M.Parvathi W/o Murugesan	Anumanthapuram
20	S.B.Murugesan	Sottanahalli
21	T.Muniraj	Anumanthapuram
22	B.Dhanalakshmi	Malliguddai (PO)
23	A.Amsaveni	Modur (PO)
24	N.Arputham	Modur (PO)
25	Mniyammal	Podigai SGH, Sudappatti
26	V.Bhaskar	Anumanthapuram(President)
27	S.Sakthivelli	Magenthiramangalam (PO)
28	S.Kavitha	Magenthiramangalam (PO)
29	M.Ubakarameri	Savadiur
30	T.Saravanan	Magenthiramangalam (PO)
31	G.Thirupathi	Magenthiramangalam (PO)
32	P.Krishnamurthi	Magenthiramangalam (PO)
33	E.P.Kavitha	Anumanthapuram
34	S.Komathi	Anumanthapuram
35	G.Suguna	Anumanthapuram
36	M.Maghenthiravarma	Dr.Annai pesan NGO, Palacode
37	K.Ramalingam	RDS NGO, Seengeri
38	Selvam	RDS NGO, Seengeri
39	M.Muniyan	RDS NGO, Seengeri
40	R.Govindharaj	RDS NGO, Bikkanahalli
41	N.Yvarasan	Bikkanahalli
42	K.Murthi	RDS

43	B.C.R.Chanthirikamanokaran	Councilor, Karimangalam
44	R.Saravanan	Anumanthapuram
45	M.Ganesan	Periyampatti
46	G.V.Uthayasanker	Karimangalam
47	R.M.Sanmugam	President, Malliguddaihalli
48	K.Murugammal	Poomandahalli
49	P.Prakash	Bikkanahalli
50	V.Saratha	Bikkanahalli
51	P.S.Velmurugan	Director, DHARMAAS, NGO, Palacode
52	K.Kannaiyan	DHARMAAS, NGO, Palacode
53	G.Surilirajan	DHARMAAS, NGO, Palacode
54	N.Kamalakkannan	NRHM, (Dt), C0-oridenet
55	R.Dharmalingam	Director, R.D.S, NGO, Kadathur

Karimangalam Block - Panchayat Villages		
Number of Panchayat Villages		30
Adilam	Annamalaihalli	Baisuhalli
Bandarahalli	Begarahalli	Bikkanahalli
Bommahalli	Elumichanahalli	Erraseegalahalli
Gendiganahalli	Hanumanthapuram	Indamangalam
Jakkasamuthiram	Jittandahalli	Kalappanahalli
Karakodahalli	Kattenahalli	Kovilur
Kumbarahalli	Mahendramangalam	Mallikuttai
Mottulu	Mukulum	Murukampatti
Naganampatti	Periyampatti	Pulikkal
Pummandahalli	Thindal	Thumbalahalli



## **DHARMAPURI DISTRICT – NALLAMPALLI BLOCK**

**Venue :** Panchayat Union Meeting Hall, Nallampalli.

**Date :** 28.12.2007

**Time :** 10.30 am

**Attendees :**

Mr.K.P.Senthilraja- Peoples watch- Dharmapuri.

Mr.saravanan-Director-SEEDS-Nallampalli

Mr.Velmurugan-Director- Dharmaas-Palacode.

Participants from NGO Leader, Civil society members, Panchayt Representatives, Govt. officials ( List Enclosed)

**Guest :**

1. Mr.Subramani - Chairman , Nallampalli Panchayt Union.
2. Ms.Vijayakumari, BDO – Nallampalli
3. Ms.Sampath kumari- SHN.Palayampudur.

**Resource Persons :**

Mr.M.Shankar-president–DHVANI ( Dt. Nodal Orgn.)

Mr.K.Kamalakkannan, Dt.prog.Co or –CM process –DHVANI.

Mr.Senthil Raja – Human Rights Activist- Dharmapuri.

**Total Participants : 60 Members .**

**Agenda :**

- 1.Inauguration
2. Health as Rights an over view
3. Introduction of NRHM & CM
4. Roles & responsibilities of Govt.
- 5.Health Status in Dharmapuri dt.
6. Formation of Dt. Committee
7. plan of Action .

**Tool used :**

- a. Training Materials ( scribbling Pad, pen , File , Phamplet)
- b. Thematic address
- c. Experience sharing
- d. Group process

- e. Group presentation.

### Methodology used :

1. Participatory Process followed.

### Report:

The workshop began with welcome address by Mr. Saravanan, Director, SEEDS Nallampalli. Mr. M. Shankar, President – DHVANI, delivered an introductory address on NRHM and CM process and also briefed on the importance of workshop. In his address stated that NRHM is an initiative by the Govt. of India to ensure health to all before 2012. The major thrust of the programme is to reach the un reached in society.

Mr. Subramani:

The Panchayat Chairman delivered a guest lecture and stated that this is a new programme all the stakeholders should be participated to make it success. The Panchayat Administration is willing to extend its support for the success of the process and assures you that what ever the support required let me committed to do for the cause.

Mr. Kamalakannan

District programme co ordinator for CM process ,narrated the whole process being developed by the Govt. of India and the roles and responsibilities of the state health department. The basic inputs by him helped the participants to involve in the workshop and contributed to strengthen the process.

After an inaugural function , thrust area of the workshop focused by Mr. Shankar elaborately. An hour Thematic speech on health as right sensitized the participants to re act in the process. Every body felt that this is very much important and monitor the health activities in the area and very clearly shared that the CM process doesn't mean to find fault against the system but strengthen the system to make it reality by reach out to entire community.

He also narrated the CM process in the district and the list of blocks, PHCs and coordinating NGOs in which the pilot phase of community monitoring is to be undertaken was finalised as follows.

<b><u>Block</u></b>	<b><u>PHC</u></b>	<b><u>Coordinating NGO</u></b>
<b>Nallampalli</b>	Indur	SEVA
District coordinator – SEEDS	Thoppur	Pothigai
	Palayanpudur	SEEDS
<b>Harur</b>	Kotapatti	CRDS
District coordinator – CRDS	Chinnakuppam	AWARD
	Koothadipatti	HELP
<b>Karimangalam</b>	Jakkasamudran	RDS
District coordinator – RDS	Hanumanthapuram	DHARMAAS
	Periyampatti	Arokiyam



At Block level in concern with Nallampalli Block the following village have selected for the process .

S.No	Block	PHC	Villages	NGO
1	<b>Nallampalli</b>	Palayampudur	1.Palayampudur 2.Thombarakampatti 3.Thandukaranpatti Pagalahalli Kandukalpatti	SEED(Block Nodal NGO)
2.		Thoppur	1.Thoppur 2.T.Kanikarahalli 3.Paapireddiyur 4.Esalpatti 5.Jarugu	Pothigai
3.		Indur	1.Pommasamudram 2.Palavadi Koorampatti 4.Nagalapuram 5.Sirugalur	SEVA

And shared that the formation of different committees at different level to monitor the health activities in the district . he stressed more on the committee formation and its importance in strengthening the democratic process and it should be ..bottom up representation.

Mr.Kamalakannan :

He took the topic on roles and responsibilities of PHCs and HSCs , he listed out the activities are being carried out in PHCs and HSCs. The major activities are ..

M.O- PHC:

- 00am to 11 .00 am op
- 12 .00 am special cases
- 5.00 pm field visit one HSC
- Dr. Availability Board disply
- Attend call duty
- Ensure safe drinking water
- Endemic Diseases care ( If occur )
- Patient welfare society Monitoring

- i. VHSC monitoring
- j. Untied funds monitoring
- k. Birth verification
- l. Free birth certificate issue immediately before discharge from delivery.
- m. Friday IEC
- n. Trainings to Community health Volunteers
- o. Lab function
- p. Drug supply monitoring and intend.
- q. 24 hrs delivery
- r. 3 SN
- s. And other duties call by the district administration.

**VHN- HSC :**

- a. 8.00 am to 1.00 pm Field visit
- b. 1.00 to 3.00 pm rest
- c. 3.00 to 5.00 pm records maintain
- d. Prepare FTP ( Field Tour programme )
- e. ATP ( Action Tour Programme )
- f. Monday- AN Day
- g. Tues Day- PHC review
- h. Wednesday- Immunisation
- i. Thrusday- School health
- j. Friday- IEC
- k. Saturday- drop out day
- l. Govt. Schemes ( Muthulakshmi Reddy Scheme and Govt.

**Mr. Sentil Raja :**

He developed the process to be carried out at various level. Summerised the whole event and proposed to form a committee at the block level . With an opinion of the participants the following members were suggested by the group to lobby with Block administration. And decided to form a committee with the consent of all the stake holders in the PHC/Block. Initiate the process of generate awareness in the identified villages and choose members for forming village level committee to strengthen the process.

**Mr. Durai mani :**

He briefed the day long programme and thanked all the participants ,the state nodal and facilitating organization for provided an opportunitu to initiate the process in the district.



39	Chinnasami	Bagalpatti
40	T.Ganakamthavasi	PNMN
41	Tamilselvi	Kullampatti
42	Malliga	Kullampatti
43	Muniyammal	Koorampatti
44	Sumathi	Koorampatti
45	C.Kandasami	Palayampudhur
46	M.Theepa	Thoppur
47	M.Shanker	Dr.DHVANI
48	S.Amalapan	Thoppur
49	K.Karpakavalli	VHN, Maniyakaranur
50	A.Rani	VHN, Jarugu
52	K.Madhayan	Union Co-ordinate, Valarkalvi.
53	P.Theivanai	Village Nurse, Melselpatti.
54	M.Maghenthiran	Echampatti
55	P.Subramani	Chairman, Nallampalli.
56	T.V.Rajendhiran	BDO, Nallampalli.
57	M.Vijayakumari	Commissioner,
58	R.Dhayalan	President, Thoppur.
59	A.Saravanan	SEEDS, Nallampalli.
60	V.Ramachanthiran	Assist. Panchayat, Nallampalli.

Nallampalli Block - Panchayat Villages		
Number of Panchayat Villages		32
Adiyamankottai	A.jettihalli	Balajangamanahalli
Bandahalli	Bedarahalli	Bommesamuthiram
Budrahalli	Dhalavaihalli	Dhinnahalli
Dokkubodhanahalli	Echanahalli	Elagiri
Errabaiyanahalli	Indur	Kommampatti
Konangihalli	Laligam	Mademangalam
Maniyathahalli	Mittareddihalli	Nagarkoodal
Nallampalli	Narthampatti	Pagalahalli
Palavadi	Palayampudur	Pengunatham
Samichettipatti	Sivadi	Somenahalli
Thadangam	Thoppur	

## **KANYAKUMARI DISTRICT WORKSHOP-TOT REPORT**

**Venue:** Pioneer paradise, Nagercoil.

**Date:** 13/12/2007

**Time:** 10. A.M

**Attendees:**

1. Fr.Joseph Justus –VHAK(President)
2. Mrs. Jennet-VHN(State Vice President)
3. Dr.N.V Suganthan-
4. Fr.Edvin -NCN
5. Xavior Lawernce –NCN
6. Jaykumar - Malar
7. Mrs.Parvathi – Malar
8. M.Philo John –Negle Health Center -Kodimunai
9. Parkavi –Negle Health Centre -Colachal
10. Chithra-VHAK full timer –siman colony
11. Fr.Joseph Justus –VHAK(President)
12. Mrs. Jennet-VHN(State Vice President)
13. Dr.N.V Suganthan-
14. Fr.Edvin -NCN
15. Xavior Lawernce –NCN
16. Jaykumar - Malar
17. Mrs.Parvathi – Malar
18. M.Philo John –Negle Health Center -Kodimunai
19. Parkavi –Negle Health Centre -Colachal
20. Chithra-VHAK full timer –siman colony
21. Prema ravintharan –Malar -nagercoil
22. Sasikumar –TNSF –
23. Chandrakalla-malar -kutiparavillai
24. Geethamary –Malar-paramankootam
25. Rajamanikam –Malar-velliyampallam
26. Jeemila-vhak full timer -ravilli
27. Muparag VHAK SCF Project Organizer-Edalakudi
28. Lawrence-vhak-Kurumpennai



29. Mary shalima- vhak Full timer -Kurumpannai
30. V.S.Antony –VHAK Full timer-kurumbanai
31. R.Vimal-VHAK SCF Project Organizer -Nagercoil
32. N.Rathika –vhak SCF Project Organizer-Parakai
33. F.Ntchathiram-vhak Full timer-Kovalam
34. Rajan-vhak Full timer-kanyakumari
35. Shibana-vhak Full timer-puthukiramam
36. Premila-Vhak Full timer-puthugramam
37. Rajini-vhak Full timer-puthugiramam
38. Jeyammal-vhak Full timer-kandan villai
39. Leemarose-vhak Full timer-velliyavillai
40. Bernad Every Child Coordinator -Rajakamangalam
41. Hafeezh SCF Project Organizer-Edalakudi
42. Sharmila-VHak Full timer-puthugramam
43. Anitha-vhak Full timer-Nagercoil
44. Sheela-vhak-Kollanchi
45. Mariyanantham-vhak-Kandanvillai
46. Rosely –malar-Aralvaimoli
47. Hilda-vhak-Kulasegaram
48. Nirmala-vhak-Manavillai
49. Catherin-Negle Health Centre-Vanniyakudi
50. jeya-Negle Health Centre-Vaniyakudi
51. Little Flower-Vhak-Eranial
52. Komala-CHAT-Ganapattu puram
53. N.Vini-Malar-kaliancodu
54. Viji-Malar-Kaliyancodu
55. Daisy-Vhak-Kurusadi
56. Juliet-vhak-Kovilvillai
57. Bibinal-vhak-Palliyadi
58. Vajila-vhak-Puthukadai
59. Bino-vhak-Vavathurai
60. Ratha-vhak SCF Project Organizer-South puthalam
61. Vini-vhak-Elluvillai
62. Latha-malar-Thengamputhoor
63. Fathima-malar-Enayam

64. Kishore kumar--
65. jegen
66. Mercy-puthenturai
67. Vishalashi- NRHM (Block Coordinator )-kurunthancodu
68. S.M Rexaline – NRHM (Block Coordinator )-nagercoil
69. Saroja- NRHM (Block Coordinator )-killiyoor
70. S. Deepa-NRHM (District Coordinator)-kanyakumari.

**Guest:**

- Fr. Edwin -NCN President

**Resource Persons:**

- Mrs. Jennet

**Agenda:**

TIME	SECTION	RESOURCE PERSON
10.00a.m	Registration	
10.30a.m	Welcome Address	Miss. Deepa (kanyakumari District Coordinator NRHM)
10.40a.m	NRHM – Introduction	Fr. Joseph Justus(Mentoring committee Member)
11.00a.m	Tea Break	
11.30a.m	Roles and responsibility of PHC, SC, CHC and VHN	Jennet VHN (State Vice -President)
1.00p.m	Lunch Break	
Post Lunch	Group Discussion	Fr. Joseph Justus

**Report:**

Section: 1

- Registration carried out Mrs. Vishalashi VHAK(NRHM Block Coordinator )
  - Total participation member is 60
  - Resource Person 1
  - Guest 1
- The Meeting was started with concise of welcome address by S. Sahaya Deepa , (NRHM) Kanyakumari District Coordinator
- NRHM –Introduction part did by Rev Fr. Joseph Justus, president VHAK. He explained the project Details and the Activities, specially explained about the G.O
- The meeting picks up where you left off after a small tea break.
- Mrs. Jennet (VHN)-Vice President was the recourse person of the program
  - Mrs. Jennet briefly explained the VHN roles and responsibilities
  - what are the problems faced by VHN
  - What are the facilities available for the Sub center, CHC and PHC



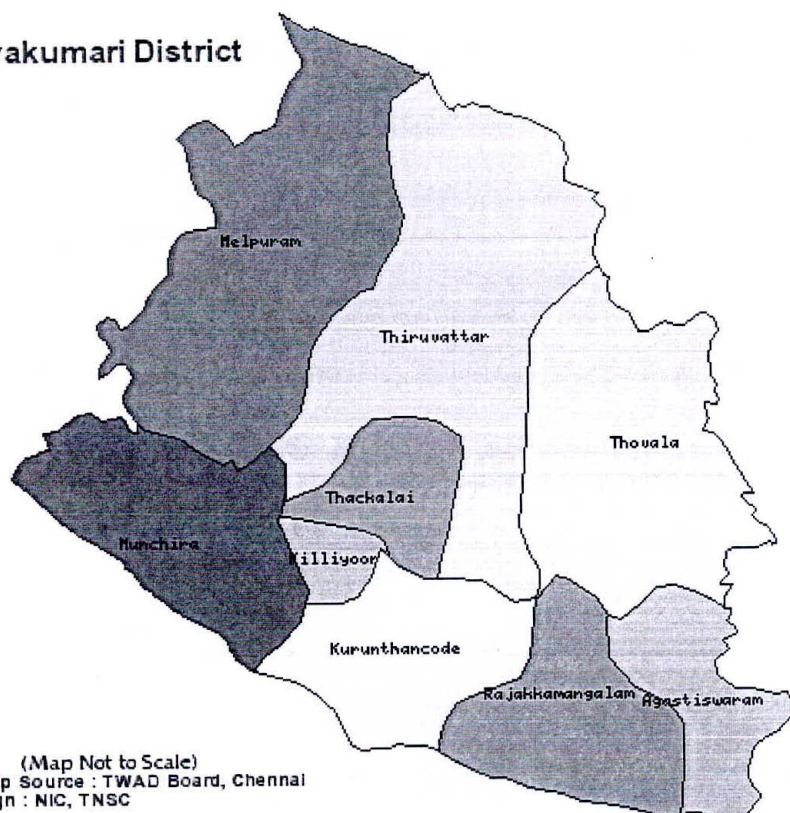
- Gave the clarification about the SC, PHC, and CHC.
- Lunch Break
- Afternoon section was facilitated by Rev Fr. Joseph Justus. The following details were discussed during group discussion
  - Selection of Village
  - How to implement this pilot project in the Block level
  - What are the strategies used for the committee formation
  - Suggested the Block level Meeting Date and place
  - Noted the availability of the Resource persons

Block Name	Date	Place
Agestheeswaram	19/12/2007	YMCA Kanyakumari
Killiyoor	20/12/2007	Pioneer paradise Nagercoil
Kurunthancodu	21/12/2007	

The following names were suggested for the **District Mentoring Committee**

- ✓ Fr. Joseph Justus –President of VHAK
- ✓ Dr. Gracia –Nagel Director
- ✓ Dr. Shoben raj –President of Short College
- ✓ Dr. Jeser Jebenaser –President of science forum
- ✓ Mr. Thomas Franco –Malar
- ✓ Mr. Pushparaj-VHAK Secretary
- ✓ Mr. Thomas -Consumer protection Councilor
- ✓ Mr. Sasikumar-Science Forum
- ✓ Fr. Dominic-Xavier's Catholic Nursing College Corresponded
- ✓ Fr. Edwin –NCN
- ✓ Sr. Rose-CHAT
- ✓ Fr. Johnsonraj.
- Finally Mrs. Rexaline VHAK (NRHM Block Coordinator )Collect the Feedback
- The meeting ends with a vote of thanks by Mrs. Saroja Science forum (NRHM-Block Coordinator)

# Kanniyakumari District Blocks



(Map Not to Scale)  
Digital Map Source : TWAD Board, Chennai  
Web Design : NIC, TNSC

We Chose the Blocks are

Number of Blocks		9	
Number of Panchayat Villages		99	
(Select any Block)			
Block	Panchayat Villages	Block	Panchayat Villages
<u>Agastiswaram</u>	13	<u>Killiyoore</u>	8
<u>Kurunthancode</u>	9		



## **KANYAKUMARI DISTRICT – AGASTHEESWARAM BLOCK**

**Venue:** Thollamai illam, Kovalam , Kanyakumari

**Date:** 20/12/2007

**Time:** 10.00 am to 5.00

**Guest:**

- Fr. Joseph Justus (VHAK President)Mentoring Committee Member
- Dr. Shobana Raj (Mentoring Committee Member )

**Resource Persons:**

- a. Mrs. Dr. Christy (Government Hospital Doctor )Kanyakumari District
- b. Mr. Thanga sivam (Health Inspector)Kanyakumari District

**Attendees:**

1. S. Sahaya Deepa (District coordinator )
2. S. Rexselin( Block Coordinator )
3. Beula (Dr. Kumara swami Nursing Center School )
4. V. Saraniya (Dr. Kumara swami Nursing Center School)
5. N. Seethakumari (Dr. Kumara swami Nursing Center School)
6. T. Muthulekshmi (HOM Volunteers )
7. T.Ramani(Dr. Kumara swami Nursing Center School)
8. N.Vijayaleshmi(Dr. Kumara swami Nursing Center School)
9. P.Palkani(Dr. Kumara swami Nursing Center School)
10. M.Manjusha (Dr. Kumara swami Nursing Center School)
11. J. Merlin Shoba (Dr. Kumara swami Nursing Center School)
12. G. Anitha (Dr. Kumara swami Nursing Center School)
13. S. Kavitha (Dr. Kumara swami Nursing Center School)
14. K. Sutha (Dr. Kumara swami Nursing Center School)
15. M.Selva shaline (Dr. Kumara swami Nursing Center School)
16. K.Sumathi (Dr. Kumara swami Nursing Center School)
17. Y.Akila (Dr. Kumara swami Nursing Center School)
18. N.Rathika (VHAK Organizer )
19. A.Sahaya Pino (VHAK Animator )
20. C.Ratha (VHAK Animator )
21. A.M Rajen (VHAK Animator )
22. A.Vini (VHAK Animator)

23. K.Rajini (VHAK Animator)
24. J.Mary sahaya Shipana (VHAK Animator)
25. S.Mary Pramila (VHAK Animator )
26. F. Natchathiram (VHAK Animator)
27. P.L Kavitha sree (VHAK Animator )
28. R.Kishore Kumar (VHAK Animator )
29. T.R Jegen(Government Hospital Counselor) Kanyakumari
30. J.Lenin Joseph (Government Hospital Counselor) Kanyakumari
31. T.Yesu Anbu Latha (Government Hospital Counselor) Kanyakumari
32. S.Bijrul Hafeezh (VHAK Organizer )
33. S.Anusha Mary (VHAK Animator)
34. A.Xavier (VHAK Animator)
35. R.Sharmila (VHAK Animator)
36. A.Vijaya Lekshmi(VHAK Animator)
37. L.Glori Bai (VHAK Animator)
38. R.Mallika (VHAK Animator)
39. A.M sahila (VHAK Animator)
40. C. Sareswathi (VHAK Animator)

#### **Programme Schedule:**

TIME	SECTION	RESOURCE PERSON
10.00 a.m	Registration	Mrs. Rexelsin (Block coordinator )
10.30 a.m	Welcome Address	Miss. Deepa (Kanyakumari District Coordinator NRHM)
10.40 a.m	NRHM Introduction	Fr. Joseph Justus (Mentoring committee Member)
11.30 a.m	Power point presentation - Health and sanitation, NRHM Monitoring	Dr. Shobana Raj Mentoring Committee Member
02.00 p.m	Explanation about medical institution facilities	Dr. Christy (Kanyakumari G.H Doctor )
03.00 p.m	Roles and duties of PHC & HSC Doctors, Nurse, VHN and Health inspector	Mr. Kanthasivam (Health inspector, Agestheeswarm)
03.00 p.m	Group Discussion	Fr. Joseph Justus (VHAK President) Mentoring team member
04.30 p.m	Vote of thanks	Mrs. Rexelsin



**Report:**  
**Session:1**

- Registration carried out by Mrs. Rexalin VHAK(NRHM Block Coordinator )
  - Total number of participation is 39
  - Resource Person- 2
  - Guest -2
- Welcome Speech –Miss. Deepa, Kanyakumari District Coordinator-NRHM project welcomed the participants as well as Fr. Joseph Justus, President-VHAK, one of the mentoring committee members Dr. Christy, doctor in Kanyakumari G.H, Mr. Kantha Swami, Health Inspector in Kanyakumari and Dr. Shobana Raj, mentoring team member.

**Introduction of NRHM:** This session is carried out by Rev Fr. Joseph Justus (VHAK President). He explained that National Rural Health Mission is a pilot project Government may provide medical aid for the rural area poor people. Through Government Hospital Primary Health Center and Health Sub Centers, and it wants to morn for weather this aid really reaches the right people.For that the Government selected five states. TamilNadu is one of the states. In TamilNadu five Districts are selected to monitor the Government Medical Institutions.

NRHM Project, pave ways to analyze and monitor the community and medical institutions. NRHM project analyzed the reasons why the people are not using the facilities offered by the Government Medical institutions. Kanyakumari District carried out this analysis in a different manner. First it creates awareness to the people and explains to them the Government Schemes and its benefits to the people. Then it makes the people to visit and monitor the Government medical institutions. NRHM Project gives awareness to the grassroots level people also to monitor the government aided activities.

The project concept is not to blame anybody or to find the causes for the failure of the Government institutions. The only aim is to ensure that the Government medical schemes reach the rural people through Government medical institutions.

**Expectation of NRHM Project**

- ✓ To eradicate the Infant Mortality
- ✓ To eradicate the Infant Mother's Mortality
- ✓ To remove the hindrance and ensuring Basic facilities to the rural people welfare
- ✓ To eradicate open toilet system
- ✓ To eradicate Communicable Diseases
- ✓ To accomplish basic Facilities to the G.H, PHC, and HSC.

Dr. Shobana Raj Speech :

Dr. Shobana Raj who was in TamilNadu Science forum NRHM said that this Project ensures and monitors facilities and benefits which are available to the rural area people through Medical Institutions.

As per “WHO” said that **The Human beings must have enough food, protected water, education, awareness of environment, Health and sanitary facilities.** He said the rural people even now follow traditional medicines, The Government hospitals PHC and HSC are promoted for the rural area people but the rural area people not using this kind of facilities due to lack of basic facilities and care to the patients in Government hospitals.

The total population of Kanyakumari is about 17 lakhs. In 2010 the population may increased to 20Lakhs. So the PHC and HSC have great role in the health sector. Kanyakumari we have 34PHC, and 237HSC Village Health Nurses. For every 5,000 People there is one VHN. 60% the people are going to private Health centre. In every PHC we have 3 Doctors, 3 Pediatrician, 6Nurses and 2 Para medicals. The Health sub center must provide basic Facilities to the VHN to stay in the Centre.

Session carried out by **Dr. Christy**, Medical officer in Kanyakumari G.H. She explained the Roles and duties of the government medical institution.

- ✓ The duties of the PHC,HSC and G.H is to prevent the diseases
- ✓ To encourage Family Planning.
- ✓ To ensure Every Wednesday check up for the pregnant ladies by the Doctor.
- ✓ To ensure the Medical officer is available doing their tour of duties and also to see that the specialists for various diseases are on duty during the stipulated days and timing.

Roles and Duties of Primary Health Center –Mr. Kanthasivam (Health inspector):

Mr. Kanthasivam was Health inspector of Agestheeswaram block, there are 3Health inspectors.

- ⊥ The duties of HSC is to prevent diseases
- ⊥ To Create Awareness among People to Control the Communicable Diseases
- ⊥ Check water and sanitation of the village
- ⊥ Check the water for contamination and ensure protected water in supplied.



- + To Destroy the flies and Mosquito
- + Check Aganwadi Centre
- + To ensure the Aganwadi Workers if she gave Health food to the Children
- + To immediate action on default workers under "Health Act"
- + To Awareness and ensuring of immunization for the new born child.
- + Providing Health Tablet's to the community
- + Providing plus Polio Medicine ,file area tablet etc...to control the diseases

Group Discussion –Fr. Joseph Justus:

The participants were divided in to four Groups who ensure and monitor Kanyakumari G.H, Azhappapuram, Kottaram and agestheeswaram.

- Kanyakumari G.H
- Agastheeswaram Block has 5 villages
- Azhappapuram has 4 villages
- Kottaram has 6 villages

The Participants were divided in to the above classification and they planned to monitor the G.H, PHC and HSC

These groups collected the statistical data of the village, VHN name and mobile number, Health and sanitation committee members, patient Welfare Committee Members and important persons of the villages.

The Monitoring programme will start at the end of January 2008 or at the beginning of February 2008.

Vote of thanks – Mrs. Rexselin :

Mrs. Rexselin Block coordinator of NRHM project thanked Rev Fr. Joseph Justus, Dr. Shobana Raj, Dr. Christy, Mr.Kanthasivam and all the participants.

### **Feed back**

Most of them said their project is a gift for them. Through this project the people will come to know about the facilities of HSC, PHC and G.H. They learned the role and duties of PHC, HSC and G.H. They have shown interest to ensure and monitor the government medical institutions. It helps them to gather knowledge about roles and duties of health inspector, VHN and doctor.

## **KANYAKUMARI DISTRICT – KILLIYUR BLOCK**

**Venue :** Hotel Jalal, Karungal.

**Date:** 19/12/2007

**Time:** 10.00 am to 5.00

**Resource Persons:**

1. Fr. Joseph Justus President –VHAK (Mentoring Committee Member)
2. Mr. Jeyakumar (Science Forum ,President -Killiyoor Block)
3. Mr. Sasi Kumar (District Secretary ,Science Forum)
4. Gino Bai ( Panchayat President, Midalam)
5. Mrs.S.Jennet Bai (State Vice President ,TN)

**Guest :**

- a. Mrs. John sly Bai (Secretary- Malar)
- b. Mr. Raja Manikam (State Mentoring Committee,TNSF)

**Attendees :**

1. S. Sahaya Deepa (District coordinator )
2. Mrs. Saroja ( Killiyoor Block Coordinator Science Forum )
3. s. Rosely (malar)kattu villai ,Nattalam Post
4. M.Rajakumari (Malar) keezhvillai ,Nattalam Post
5. R.Dheepa (Malar) Keezh villai ,Nattalam Post
6. V.Dani Glory Bai (Malar) Nattalam Post
7. Jaya (Panamkuzhvillai )
8. P.serin (VHAK)Melmidalam
9. A.Vajila(VHAK)Putthukadai
10. V.Jennet Hillda (VHAK) Kulasekaram
11. A.Mary Bibinal (VHAK) Puthukadai
12. Thangam(TNSF) Paraman Konam
13. Vini(TNSF) Theruvukadai
14. Viji, Malar group Secretary, Theruvukkadu
15. S.Reena(Puttati)
16. G.Santhi(Malar) Theruvukkadai
17. K.Usha (Malar) Theruvukkadai



18. A.Geetha Mary (Paraman Konam)
19. N.Chandra sekar (TNSF)
20. Rajakumari (TNSF)
21. Rani (Malar)
22. Selva Chandra(TNSF)
23. T.Sutha Mary(Malar)
24. S.Loosee(TNSF)
25. Kala(Malar)
26. N.Ramakumari(TNSF)
27. P.Chandra(TNSF) Kannavillai Uthayamarthandam post
28. P.Clio (VHAK) Kurumpannai post
29. S.Anitha(TNSF)Kannavillai uthayamarthandam post
30. T.Parvathi(TNSF)Midalam
31. Mabel (VHAK)Midalam
32. V.Prema (TNSF)Karungal Post
33. R.Pushpalatha(TNSF)Keelkulam post
34. R.Glory(TNSF)Karungal post
35. Paul thangam(TNSF)Vengavilal
36. Mr.SasiKmar(TNSF)Mentoring Team member
37. Saveriyammal(VHAK)Melmiddalam
38. Johnsily Bai(Malar) Secretry
39. Rajappan(TNSF)
40. Jeyalatha(Malar) Viricodu
41. M.Fathima(Malar)Enaiyam
42. Latha (Malar)Udaercudi
43. Jenita(Malar)Enaiyam Post
44. Jeyakumar(Oxford)
45. Sabapathi (TNSF)Kannuvilai
46. L.Antony(TNSF)Kannanvillai
47. P.Veelammal(VHAK)Enaiyam

**Programme Schedule:**

Time	Session	Resource person
10.30 a.m	Registration	Mrs. Saroja (Block Coordinator )
11.00 a.m	Prayer song	Science Forum
11.05 a.m	Welcome Address	Mrs.J.Gino Bai , (Secretary TNSF ,Killiyoor Block )
11.10 a.m	Presidential Address	Mr.Jeya Kumar ,(President TNSF, Killiyoor Block)
11.15 a.m	Introduction of NRHM,	Rev Fr. Joseph Justus President -VHAK
11.45 a.m to 01.00 p.m	Community Monitoring and Perspectives from the field	1. Mrs.S.Jennet Bai (State Vice President ,TN)
		2. Mr.Arul Raj ,(Health Inspector)
		3. Dr.Sivakumar
01.00 p.m to 01.30 p.m	Structure and Processes of NRHM	Mr. P. Rajamanickam, (Convener State Mentoring Committee,TNSF)
01.30 p.m to 02.00 p.m	Lunch Break	
Post Lunch Session	Group Discussion	Rev Fr. Joseph Justus (VHAK President )
03.00 p.m	Vote of Thanks	Mrs. S. Suseela, (District Coordinator, Arokiyam sub Committee TNSF.)

**Report:****Session: 1**

**Registration** carried out Mrs. Saroja TNSF (NRHM Block Coordinator)

- Total participation member is 47
- Resource Person 5
- Guest 2

**Prayer song** Participated the Science Forum

**Welcome Speech** –Mrs. Gino Bai, Secretary of TNSF in Killiyoor Block Welcomed the participates and also Fr. Joseph Justus Prescient VHAK and the Mentoring Committee Member, Mr. Jeyakumar (Science Forum Killiyoor Block President) and Mr. Sasi Kumar (Science Forum District Secretary) as well as Mrs. Jenni Bai (Medalam Panjoyat President) then Mrs. John sly Bai (Malar Ngo Secretary).



**Introduction of NRHM:** This section is carried out by Rev Fr. Joseph Justus (VHAK President). He explained that National Rural Health Mission is a pilot project Government may provide medical aid for the rural area poor people. Through Government Hospital Primary Health Center and Health Sub Centers, and it wants to morn for weather this aid really reaches the right people. For that the Government selected five states. TamilNadu is one of the states. In TamilNadu five Districts are selected to monitor the Government Medical Institutions.

NRHM Project, pave ways to analyze and monitor the community and medical institutions. NRHM project analyzed the reasons why the people are not using the facilities offered by the Government Medical institutions. Kanyakumari District carried out this analysis in a different manner. First it creates awareness to the people and explains to them the Government Schemes and its benefits to the people. Then it makes the people to visit and monitor the Government medical institutions. NRHM Project gives awareness to the grassroots level people also to monitor the government aided activities.

The project concept is not to blame anybody or to find the causes for the failure of the Government institutions. The only aim is to ensure that the Government medical schemes reach the rural people through Government medical institutions.

#### **Expectation of NRHM Project**

- ✓ To eradicate the Infant Mortality
- ✓ To eradicate the Infant Mother's Mortality
- ✓ To remove the hindrance and ensuring Basic facilities to the rural people welfare
- ✓ To eradicate open toilet system
- ✓ To eradicate Communicable Diseases
- ✓ To accomplish basic Facilities to the G.H, PHC, and HSC.

Mrs. Jennet Bai, State Vice President VHN Association, TamilNadu distributed a catalog on the list of the services available at the sub-centers, PHCs and also she explained about the VHN Roles.

#### **VHN Roles:**

- ❖ Data collection about Village population, pregnancy list, newly married persons, death and New Birth.
- ❖ To Regulate the Pregnancy registration
- ❖ To visit the mother and child thrice in a month immediately after delivery.
- ❖ Providing Maternal Health, Antenatal care, intranatal care and postnatal care.

- ❖ To Give Awareness about the Health and Nutrition, Normal Delivery and Institutional Delivery
- ❖ Awareness and ensuring of immunization for the new born child
- ❖ D.T.P and Polio Drop

#### **VHN Duty Chart**

Monday –Pregnancy Test

Tuesday –Review

Wednesday –Immunization

Thursday–School Health Program

Friday –Health Activity Meeting

Saturday –Area Visit

Sunday –Holiday

#### **Health Inspector Roles:**

- ❖ Register the Birth and Death rates
- ❖ Monitor the HSC duties and its role to ensure prevention of diseases
- ❖ To Facilitate the Health Camp
- ❖ Create Awareness to the People to Control the Communicable Diseases
- ❖ Check water and sanitation of the village
- ❖ Check Anganwadi Centre
- ❖ Find whether Anganwadi Workers provided Healthy food to the Children
- ❖ To immediate action on default workers under “Health Act”
- ❖ To Provide plus Polio Medicine, file area tablet etc... to control the diseases

#### **Dr. Siva Kumar Explain** in relation to the Government Hospital, PHC and HSC

The government has to provide facilities for the PHC and HSC Level then the PHC s have to function 24 hours, equipped with all facilities, including Ambulance facilities Many people are aware of the facilities of PHC and HSCs and the scheme available for the pregnancy women For the Muthulashmi Scheme the Govt. gives 6000 rupees for each the Pregnant woman. The Health Inspector and the VHN s to control the Referral services, outreach programmers, mobile clinic, and ambulance services etc., maternal care also to be provided in Sub Centers.



## **KANYAKUMARI DISTRICT – KURUTHANGODE BLOCK**

Venue : Pioneer Paradise. Nagercoil

Date : 21/12/2007

Time: 10.00 am to 4.00

### **Resource Persons:**

1. Fr. Joseph Justus (VHAK President )Mentoring Committee Member
2. Dr.Shobenraj (Mentoring Committee Members)
3. Mrs.S.Jennet Bai (State Vice President ,TN)

### **Guest**

- i. Fr.Dominic (Mentoring Committee Members )
- ii. Dr.Gracia (Mentoring Committee Members)CHAT Nagle Health Center

### **Attendees :**

1. S. Sahaya Deepa (District coordinator )
2. Mrs.Vishalakshi (Kurunthancodu Block Coordinator VHAK)
3. Mrs. Saroja ( Killiyoor Block Coordinator Science Forum )
4. G. Lourds Bemi (James School Of Nursing Colachal)
5. J.Daisy Rani (VHAK) Animator Kurusadi
6. N.Vincy (James School Of Nursing) Colachal
7. R.Ambika (SWAN) Monday Market
8. A.Jane Mary (CHDP) Chunkankadai
9. Mrs.Philo John (Nagle Health Center)
10. A.Mary Anitha (St.Xavier's Nursing College)Chunkankadai
11. K.Sini (St.Xavier's Nursing College)Chunkankadai
12. A.Mubarak Ali (VHAK)Community Organizer Edalakudi
13. J.Shenu St.Mary (Community College )Colachal
14. C.Catherin (Nagle Health Center Colachal CHAT
15. T.Jeya (Nagle Health Center )Colachal CHAT
16. Sahaya Stephy (St.Mary Community College)
17. Sahaya Brabitha (St.Mary Community College)
18. Mary Soniya (St.Mary Community College)
19. J.Chithra (VHAK Animator) Siman colony
20. R.Parkavi (Nagle Health Center) CHAT

## **Session: 2**

Facilitated by Fr. Joseph Justus

The participants were divided in to PHC Level to have a discussion on what are the activities we are going to do, how to do and when to complete these. The entire group planned four activities. They are

- ✓ Choosing the near by HSC and PHC villages and to have the village Profile
- ✓ How to Give the Awareness
- ✓ Conduct Village Level Meetings by choosing the resource persons.
- ✓ Forming Village Health and Sanitation Committee

**Vote Of thanks:** with vote of thanks by Mrs. Suseela (District Coordinator Arokiyam, and Sub Committee TNSF) the meeting came to end at 4.00pm.



21. C.Kamala (Nagle Health Center )CHAT
22. M.Uthama Thangam (P.HCenter) Kurunthancodu
23. A.Rajeswary (P.HCenter )Kurunthancodu
24. TS.Mohana Kumari (P.HCenter) Kurunthancodu
25. M.Mary Jasmine (M.C.R.T.C)
26. A.Hency Puthenthurai (VHAK) Animator
27. P.Anitha (VHAK )Animator Kurusadi
28. A.Juliet (VHAK Animator) Kurunthencodu
29. J.Mary Shahila (VHAK )Animator Kurumpannai
30. Y.Fency Jeeva Ravillai (VHAK) Animator
31. T.Thavamani (C.S.D )Monday Market
32. Thangam (C.S.D )Monday Market
33. R.Little Flower (VHAK)Animator Eranial
34. K.M.Jeyammal(VHAK) Animator Kandavilai

**Programme Schedule :**

Time	Session	Resource person
10.00 a.m	Registration	Mrs. Vishalakshi(Block Coordinator )
11.15 a.m	Prayer song	VHAK
11.25 a.m	Welcome Address	M.PhiloJohn (Nagle Health Center)
11.30 a.m	Introduction of NRHM.	Rev Fr. Joseph Justus (VHAK President)
12.00p.m	Roles and Responsibilities of VHN.	Mrs.S.Jennet (State Vice President , TN)
1.00p.m	Lunch Break	
1.45p.m	Roles&Responsibilities and Functions of the Kanyakumari District PHC and HSC.	Dr. Shobana Raj Mentoring Team Member
2.45p.m	Group Discussion & Presentation	Rev Fr. Joseph Justus (VHAK President)
3.50p.m	Vote of Thanks	Mrs.Vishalakshi (Block Coordinator)
4.00p.m	Tea Break	

## **Report:**

Section: 1

**Registration** carried out by Mrs. Vishalakshi (NRHM Block Coordinator)

- Total participants member is 34
- Resource Person 3
- Guest 2

Workshop section started with a prayer song by one of the staff of VHAK

**Welcome Speech** – Mrs. Philo John, Nagle Health Center staff welcomed the Guest, Resource person and all the participants.

**Introduction of NRHM:** This section is carried out by Rev Fr. Joseph Justus (VHAK President). He explained that National Rural Health Mission is a pilot project Government may provide medical aid for the rural area poor people. Through Government Hospital Primary Health Center and Health Sub Centers, and it wants to morn for weather this aid really reaches the right people. For that the Government selected five states. TamilNadu is one of the states. In TamilNadu five Districts are selected to monitor the Government Medical Institutions.

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- ❖ Check Aganwadi Centre
- ❖ Find wether Aganwadi Workers provided Healthy food to the Children
- ❖ To immediate action on default workers under “Health Act”
- ❖ To Provided plus Polio Medicine, file area tablet etc... to control the diseases

**Dr. Sobena Raj**

He was talking about the Present Conditions of the HSC and PHC in the Kanyakumari District and he explained the Government schemes for pregnant women, below poverty line people schemes, health and nutrition etc... Then he explained about the facilities available, improvements needed in Government Hospitals.

Session: 2

**Group Discussion:** Facilitated by Fr. Joseph Justus

The participants were divided in to PHC Level to have a discussion on what are the activities we are going to do, how to do and when to complete these. The entire group planned four activities. They are

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- ✓ How to Give the Awareness
- ✓ Conduct Village Level Meetings by choosing the resource persons.
- ✓ Forming Village Health and Sanitation Committee

**Vote Of thanks:** with vote of thanks by Mrs. Vishalakshi (Block Coordinator) the meeting came to end at 4.00pm.



## PERAMBALUR DISTRICT WORKSHOP-TOT REPORT

Venue : Christian Nursing College, Vengateshapuram, Perembalur

Date : 21<sup>st</sup> & 22<sup>nd</sup> December 2007

Attendees :

S.No	Participants Name	Block	Organization
1	Mrs. Mithra, Executive Director, Dawn Trust,	Perembalur	Dawn Trust, Perembalur
2	Mr. I. David, Field Officer. Pullambadi, Thirumanur	Thirumanur	Sagayamatha Hospital,
3	Mr. S Antonysamy, Field Officer, Pullambadi,	Thirumanur	Sagayamatha Hospital,
4	Mr. A. Arockiadoss. Thirumalapadi, Ariyalur	Thirumanur	Sagayamatha Hospital,
5	MR. M. Antony, Valar Kazhvi Iyyakkam, Kulamanickam, Ariyalur	Thirumanur	Sagayamatha Hospital,
6	Mr. VA. Arockiasamy, Makkal Nala Paniyalar, Kulamanickam, Ariyalur	Thirumanur	Sagayamatha Hospital,
7	Mr. S. Antonysamy, Ex, Panjayat President, Senbiakudi, Thirumanur	Thirumanur	Sagayamatha Hospital,
8	Mr. V. Balaiya, Keelaveedhi, Kurumbalur, Perembalur	Perembalur	Dawn Trust
9	Mrs. P. Eswari, Siruvachur, Ariyur, Perembalur	Perembalur	Dawn Trust
10	Ms. Sasikala, Christian Nursing College	Perembalur	Dawn Trust
11	Ms. M. Kumar, Cencheri, Perembalur	Perembalur	Dawn Trust
12	Ms. R. Valarmathi, Cencheri, Perembalur	Perembalur	Dawn Trust
13	Mrs. Amsavalli, Pereyakarkka, Perembalur	Perembalur	Dawn Trust
14	Mrs. Rasaiyal, Pereyakarkka, Perembalur	Perembalur	Dawn Trust
15	Mrs. T. Kanagavalli, Pereiyakarkka, PLR	Perembalur	Dawn Trust
16	Mrs. S. Sumathi, OSAI, Andimadam	Andimadam	Gandhi Gramodhaya Trust
17	Mr. G. Selvam, GGS, Jeyankondam	Andimadam	Gandhi Gramodhaya Trust
18	Mrs. K. Thenmozhi, Jeyankondam	Andimadam	Gandhi Gramodhaya Trust

19	Mrs. V. Amutha, Idaiyarkurichi	Andimadam	Gandhi Gramodhaya Trust
20	Mr. A. Sankar, Idaiyarkurichi	Andimadam	Gandhi Gramodhaya Trust
21	Mr. K. Vijayakumar, Thennur, Andimadam	Andimadam	Gandhi Gramodhaya Trust
22	Mrs. Reetha Mary, Thennur, Andimadam	Andimadam	Gandhi Gramodhaya Trust
23	Ms. P. Amala, Varatharajanpet, Ariyalur	Andimadam	Gandhi Gramodhaya Trust
24	Ms. K. Jeya Ganthi, Kuruvadi, Thirumanur	Thirumanur	SHWET
25	Mrs. K. Thenmozhi, Thirumanur, Ariyalur	Thirumanur	SHWET
26	Mr. Gurunathan, Elunatchipuram,	Thirumanur	SHWET
27	Mr. P. Thangaiyan, Elunatchipuram.	Thirumanur	SHWET
28	Mrs. Jothimani, Kurumbalur, Perembalur	Perembalur	Dawn Trust
29	Mrs. Parameshwari, Kurumbalur, Perembalur	Perembalur	Dawn Trust
30	Mrs. Roseline Alex, Sannamangalam	Perembalur	Dawn Trust
31	Mrs. J. Catherine	Perembalur	Dawn Trust
32	Mrs. P. Kala, Senjery, Perembalur	Andimadam	Gandhi Gramodhaya Trust
33	Mrs. A. Chithra, Senjery, Perembalur	Andimadam	Gandhi Gramodhaya Trust
34	Ms. K. Krithiga, Perembalur	Andimadam	Gandhi Gramodhaya Trust
35	Mrs. P. Nirosha, Senjeri Post, Perembalur	Andimadam	Gandhi Gramodhaya Trust
36	Mrs. Rasathi, Nerkunam, Perembalur	Perembalur	Dawn Trust
37	Mrs. E. Malathi, Kalarampatti, PLR	Perembalur	Dawn Trust
38	Ms. N. Sathiya, PLR	Peremabalur	Dawn Trust
39	Mrs. Vanitha, PLR	Peremabalur	Dawn Trust
40	Mrs. G. Subeetha PLR	Peremabalur	Dawn Trust
41	Mrs. R. Thenkani	Perembalur	Dawn Trust
42	Mr. V. Jeyachandran John Turor, Christian Nursing College, PLR	Peremabalur	Dawn Trust
43	Dr. M. Madhavan	Managing Trustee, VRM Trust, Perembalur	Dawn Trust
44	Mrs. S. Rajababu	Peremabalur	Dawn Trust
45	Mrs. Alli Porselvi, PLR	Peremabalur	Dawn Trust



		Council President, PLR
11.50 a.m.	Community Monitoring – perspective from the field	Dr. Bhanumathi, MS, Superintendent Retired & IMA member, Perembalur
12.15 p.m.	Community Monitoring – perspective from the field	Dr. Mathiazhagan, MS, JD Retired, Jeyakondam
12.30 p.m.	Open discussion	
12.45 p.m.	Vote of Thanks	Mrs. Mithra, Executive Director, Dawn Trust, Perembalur
1.00 p.m.	Lunch	
2.00 p.m.	Provision of Equitable, quality health services for the poor: Principles and practices	Mr. Soosai, Chairman, Gandhi Gramodhaya Trust, Andimadam.
3.00 p.m.	Introduction to NRHM & Community Monitoring at Tamilnadu level and Perembalur District level	Dr. Bhuvneshwari, MBBS, DGO, Private Practice, Perembalur
4.00 p.m.	Tea Break	
4.15 p.m.	Community Ownership-community mobilization-community monitoring	Film show and discussion Dr. Christopher, Managing Trustee, DAWN Trust, PLR.
8.00 p.m.	Supper	

## DAY 2 – 22.12.07

Time	Session	Resource Person
8.00 a.m.	Breakfast	
9.00 a.m.	Sharing on Previous day happenings & discussion	
9.15 a.m.	Personal Sharing on NRHM	Dr. Kulandaivelu Pandiyan, Tamilnadu Science Forum
9.30 a.m.	Health – Basic Human Right	Mr. Martin, Advocate, TRY
9.50 a.m.	Questions from Participants	
10.00 a.m.	Personal Sharing on community monitoring & Introduction to Tools for monitoring	Dr. Rakhal & Franics Xavier
11.00 a.m.	Study of Tools in Groups – Block wise	
11.15 a.m.	Tea Break	
11.45 a.m.	Feedback from the participants about the tools	Dr. Mathiazhagan, MS Mr. Martin ML Sr. Jesse
12.15 p.m.	Committee Formation	Mr. Bethaperumal, SHWET, Thirumanur, Block Coord
12.45 p.m.	Roles and responsibility of various committees	Mrs. Mithra, Executive Director, DAWN Trust
1.45 p.m.	Lunch	
2.15 p.m.	Village Report Card	Dr. Rakhal
2.45 p.m.	Preparation of Action Plan – Group Discussion	Sr. Jesse
3.15 p.m.	Sharing of follow up activity plan	
3.45 p.m.	Valedictory Function	



Report :

**First Day – 21.12.07 Inaugural Session 10.30 AM – 1.30 PM**

The workshop started at 10.30 AM with a small introduction to Community Based Monitoring process and the implementation of this at Perembalur District. Sr. Jesse, CHAT, Executive Director introduced the project and extended a warm welcome to all participants, guests and resource persons.

Mr. Christopher, Chairman, Christian Nursing College, Perembalur, in his presidential address emphasized people's participation in this project and welcomed the initiative by the Government. He persuaded the participants to take this message to the people in the villages to make use of the government resources making aware of their health needs.

Dr. Bhanumathi, IMA member at Perembalur and a special invitee for the workshop shared her experiences of having served the people as Superintendent in Government Hospital, Perembalur. Aim of NRHM is to reduce IMR and MMR, as well as to increase the usage of government facilities for the people. For which Govt. services aim at increasing Institutional deliveries and quality care for the people. In short Government provides very good services and facilities and we must make the people aware for proper use of these services.

Mr. Selvaraj, Gudalur, was invited to share his experiences on Community Monitoring. He in his sharing put forward some of his thoughts for the participants to think further.

- ❖ Health necessarily includes Employment and Education
- ❖ It is a shared responsibility of Government, Government Officers and the People.
- ❖ Concentration not only on Pregnant Women but also before pregnancy on Environment, Nutrition, water and land.
- ❖ Committees must not only concentrate on curative aspect and services provided by the Government but also on the causes of diseases.
- ❖ People are to be made aware that they are the responsible persons to safeguard their own health. In such a way they must control the mosquito increase, remove the wastages to a proper place, proper sanitation etc.
- ❖ This awareness could be taken to the people through art, music and drama.
- ❖ He highlighted the usage of plastics and how plastics become the cause of many sicknesses in health area.

Dr. Gandhimathi, Joint Director, Health and Family Welfare Department, Perembalur, inaugurated the Workshop and said it is by the joint venture of Government, NGOs and People, we will be able to attain expected results in Perembalur District. She said that:

- ❖ Mothers Maternal Death must be reduced



- ❖ Infant Mortality Rate must come down
- ❖ Awareness to the people on TB, HIV/AIDS should be given

She also said that we have reached the NRHM standard and comparatively we are much better than other people in other States.

After her talk we invited Mr. Kamaraj, President, Consumer Council, Perembalur to share his experiences on attaining Health Services. While sharing main points he focused are:

- ❖ People must receive bills for any commodity, service that he gets from other agencies. This awareness must be given to the people first.
- ❖ He requested other to contact District Consumer Council Forum if any thing goes wrong somewhere. Even Government Services must keep record of treatment they are recommending for the patient.
- ❖ If service is denied also you can suit a case in the consumer council court. Hence he requested all the participants to make aware the people on these rights to get quality health services for them.

During the experience sharing there were lot of discussions and clarifications. Every one participated fully and they were eager to learn on Community Monitoring.

After that Mrs. Mithra, Executive Director, Dawn Trust, came forward to thank Government Officers, Special Guests and other Resource persons for their guiding presence. With that the inaugural session came to an end at 1.45 pm.

#### **Post Lunch Session 2.30 – 4.00 PM**

#### **Introduction to NRHM – Community Monitoring at Tamilnadu and Perembalur Level**

2.30 – 3.00 Dr. Buvaneshwari, District Mentor and a Private Medical Practitioner, introduced

- ❖ Community Monitoring Project under NRHM,
- ❖ Its aim and objectives, and
- ❖ The activities to be carried out.
- ❖ She also explained the community monitoring processes from national, state and district level to block level.

3.00 – 4.00 Block level Group Discussion on Provision of Equitable, quality health services for the poor.

Principles and practices :

Participants were divided into three block level groups and they were given two questions regarding equitable quality health services for the poor: in Principles and practices. They discussed for about half an hour after which they shared their views for clarifications. The outcomes were:

- ❖ Basic facilities such as reception, kind words and concern without caste, creed and colour.
- ❖ Medical officer who is available 24 hours and for certain duration without being frequent transfers.
- ❖ Ambulance facilities in all PHCs and to the village in need.
- ❖ Awareness to the people on not wasting the medicines supplied by the Government.
- ❖ Good building so as to have facility to accommodate at least one female and one male nurse in the Sub-center and PHC premise.
- ❖ Medical report for any kind of disease for the people.
- ❖ Facility of having mobile clinic.
- ❖ Waiting Hall for patients and attendees in all PHCs and Hospitals.
- ❖ In absence of a Doctor, responsible Nurse be able to treat and to refer the patients.
- ❖ Kindness and approachability
- ❖ Life saving drugs must be kept in all PHCs in advance.

In practice all these are lacking in sub-centers and in PHCs. After the sharing we dispersed for tea break.

#### **4.15 – 6.00 pm: Film Show on Three Case studies who did not get proper health care**

The Video Film was in Hindi but we were able to translate it in local Tamil for the participants to understand better. The Show went on till five and after which we had open discussion and sharing of same experiences in their own villages. After this we had next day planning and dispersed at 6.00 pm.

#### **2<sup>nd</sup> Day – 22.12.07**

#### **9.00 – 9.45 am: Community Ownership, Community Mobilization and Community Monitoring**

With little introduction to today's happenings, Mr. Antony, from Thirumanur Block took over to read out the report on previous day workshop. After a small discussion and clarification the report was approved.

After that Dr. Christopher, Chairman, Dawn Trust came over and explained about the community ownership. He interpreted that this NRHM community monitoring under NRHM is an opportunity for all village people to have ownership of our own and realize that we are funding for the services and we have every right to monitor the activities. He connected previous day discussion on film show and our day-to-day experiences in health care services in Tamilnadu. To reduce the gap between principles and practices we people need to monitor the process, results and plan for the future so that everybody will get assurance of having health – now. Every NGO is good enough to organize and mobilize the people towards this process and we need to plan together to attain this goal.

#### **9.45 – 10.30 Committee Formation and Roles and Responsibility of various Committees**

Mrs. Mithra, Executive Director, Dawn Trust explained about how Community Monitoring will be possible. It is through formation of committees in all levels with various roles and responsibilities. She started from



- National level AGCA, Mentoring Committee,
- State Mentoring Committee,
- District Mentoring Committee,
- Block level Community monitoring and Planning Committee,
- PHC level Community monitoring and Planning Committee and
- Village Health and Sanitation Committee. (VHSC)

Regarding committee members she made the participants to explore and suggest persons from lower level to higher level. Thus they themselves came to an understanding of having triangular partnership of people, people's representatives, PRI, NGOs, CBOs, SHGs, and Health Service Providers. She also explained about roles and responsibility of various committees.

#### **10.45 – 12.30: Introduction to Tools – Dr. Rakhal**

After forming various committees how are we going to do community monitoring. Project document has given us some tools and on applying these tools we will get a very good assessment on which we will be able to plan in all levels of health services. He started explaining from Village Health Profile, and what are the areas to be looked into.

After getting the village health profile we need to discuss them with village people after which we will be able to form the Village Health and Sanitation Committee. The committee will state collecting data from various angles such as: Group discussion with Village people in general, Group discussion with Village women in General, Group discussion with Marginalized women, Personal interviews with beneficiaries, Medical Officers, Direct observance of sub-centers, Primary Health Centers, Block Health Centers and District Hospitals. Data will be collected on Disease Surveillance, Curative services, untied fund, adverse outcome, case study etc

This session went on with discussion and clarification. Participants were enthusiastic and amazed on looking at government health care promises and welfare schemes.

#### **12.30 – 1.15 pm - Health is our basic Human Right – Mr. Martin, Advocate, FEDCOT**

Mr. Martin, Advocate from Trichy came over to explain that Health is our Basis Human Right. Government has endowed this responsibility of monitoring health services with people and has asked them to plan for the future. It is really to be welcomed and each of you is a Health Minister. Each citizen has the responsibility of watching, supervising what is happening in service sectors because it is people's money. We are paying for the health providers and personals. He promised his support in implementing the project at Perembalur.

**Post Lunch Session: 2.30 – 3.00 pm Preparation of Action Plan and sharing: Group Discussion**

After the Lunch the participants were divided into three block wise groups for discussing follow up activities regarding and came with following tentative activities and dates:

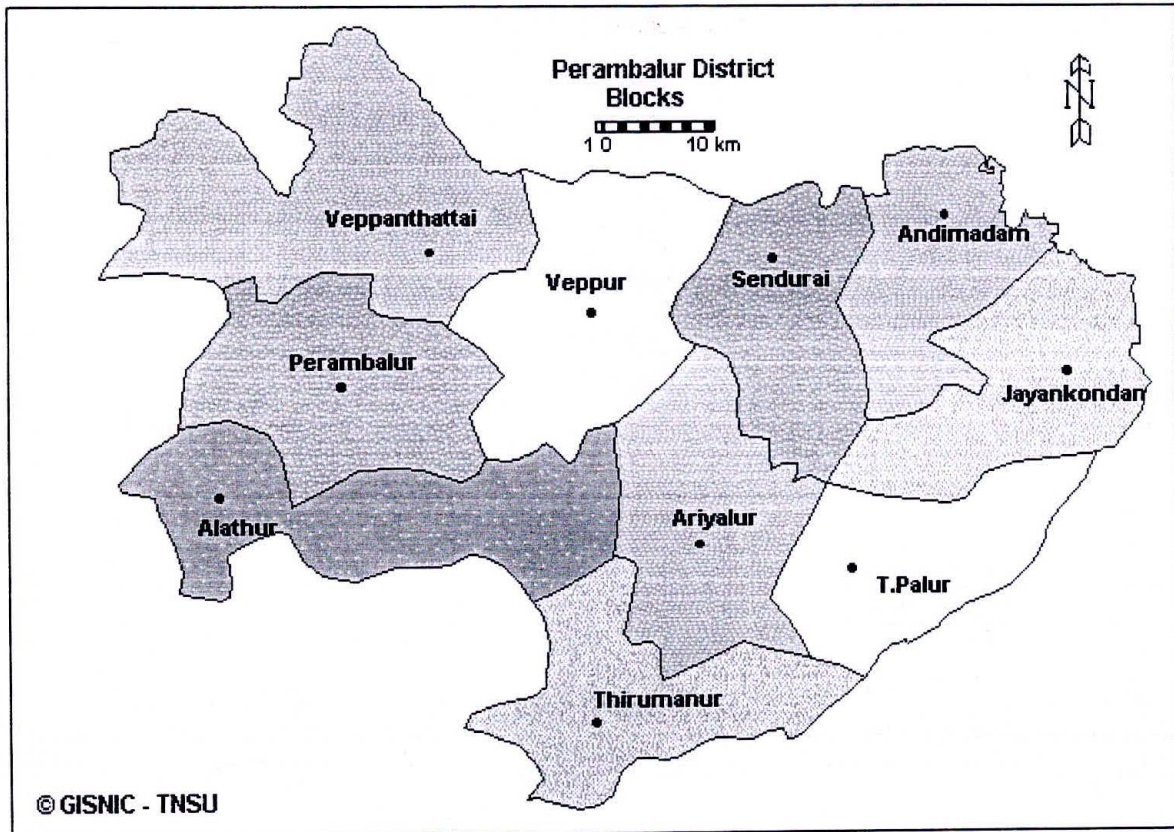
Activity	Perembalur Block	Thirumanur Block	Andimadam Block
District Workshop at Block level,	28.12.07	29.12.07	27.12.07
Place of Workshop	Christian College, Perembalur	RC Church, Thirumanur	Taluk Office, Andimadam
Meeting Government officers	24 & 26 <sup>th</sup>	27 <sup>th</sup>	23 <sup>rd</sup> & 26 <sup>th</sup>
Whom Shall you meet	Block Medical Officer, SHG leaders, VHN, NGOs, ANC & PNC, Panjayat President,	PHC Medical Officer, Village President, VHN, Parish priest, Volunteers	Block Medical Officer, Panjayat Chairman, Village president, SHG leaders, Ward members, VHNs, Health Inspector,
Meeting Village people	26 <sup>th</sup> & 27 <sup>th</sup>	26 <sup>th</sup> – 28 <sup>th</sup>	24 <sup>th</sup> – 26 <sup>th</sup>
Choosing PHCs	Ammapalayam, Kurumbalur, Kalpadi	Thirumanur, Venganur & Kuruvadi	Edayankurichi, Andimadam, Varatharajanpet
Choosing Village for forming VHSC	Senjeri, Kurumbalur, Perembalur south, Perembalur North, Thurai mangalam, Kalpadi, Iyleer, Siruvachur, Elambalur, Sengunam, Pommanapadi, Sathiramanai, Velur	Thirumanur, Karaipackam, Kandirathitham, Senabathi, Thirumalapadi, Sembiakudi, Kulamanickam, Elandakudam, Vilagam, Sannavur, Kuruvadi, Kovilur, Sullangudi, Elackurichi, Kamarasavali,	Edaiyakurichi, Silambur, Aiyyur, Kuvagam, Vilandhai, alagapuram, P.Kurichy, Olaiyur, andimadam, Periyathathur, Varatharajanpet, Kavarapalayam, Karukkai
Village Level Meeting	7 <sup>th</sup> – 11 <sup>th</sup> January		By 20 <sup>th</sup> January

**Valedictory Function**

After sharing these activities and plan Mr. Francis Xavier, District Coordinator, heart fully thanked all the participants from all blocks and villages for their active involvement in the workshop. He thanked also all government officers, guests and resource persons for their dedicated service and presence. With that the workshop came to fine end. Thank you.



**District Map :**



## **PERAMBALUR DISTRICT – PERAMBALUR BLOCK**

Venue: Christian Nursing College Campus, Perembalur

Date: 28.12.07

Time: 10.00 am – 4.00 pm

Attendees: 150

### **Guests:**

1. Mr. Ilaiyaraja, Panjayat President, Perembalur
2. Dr. Ramesh, BMO, Perembalur
3. Dr. Bhanumathi, Retired Superintendent & IMA member, Perembalur
4. Dr. M. Christopher, Chairman, Christian Nursing College, Perembalur
5. Mrs. Amalorpava Mary, CHN, Perembalur
6. Mr. Karunanithi, Mrs. Eshwari & MR. Marikannu, Wam members, Perembalur

### **Resource Persons:**

1. Dr. Mrs. Bhuvneshwari, MBBS, Mentor, Perembalur
2. Mrs. Mythra, Dawn Trust, Perembalur
3. Mr. Francis Xavier, Dist. Coordinator, CHAT, Trichy
4. Ms. Thamilmami, Lecturer, Christian Nursing College, Perembalur
5. Mrs. Chithra, Mrs. Carolin, Mrs. Mercy Joy & Mrs. Senthil Vadivu – Tutors, Perembalur

### **Agenda :**

1. Registration
2. Inauguration
3. Introduction to Community Monitoring and Planning
4. Committees and their roles and responsibilities
5. Functions of sub-centers & PHCs
6. Applying Tools
7. Village Report Card
8. Valedictory function



## Report:

Community Based Monitoring and Planning Project Workshop under NRHM started at 10.00 am. Mr. Prabhakaran, Dawn Trust welcomed the participants and guests.

Dr. Christopher, Chairman, Christian Nursing College, introduced the community monitoring and requested all the participants to get fully involved in implanting this project as it is the need of the people to get healthy living and surrounding.

Mr. Ilaiyaraja, Panjayat President, in his presidential address pictured how government delivers health services to the poor and how many welfare schemes are planned for the people. He requested all the participants to make aware these things to the people to make use of the available services and promised his support for all efforts taken to assure these services.

Dr. Ramesh, Block Medical Officer, Ammapalayam, Perembalur explained the services available at PHC and Sub-center level.

- ❖ After the introduction of NRHM all the PHCs have become 24 hours centers, equipped with facilities,
- ❖ Ambulance facility is available at PHC level. If the ambulance is not ready we pay for the transport. The Pregnant women are brought to the PHC safely and during stay we provide food.
- ❖ And after delivery the Government provides nutritious food to the mothers during lactating period.
- ❖ Under Muthulashmi Scheme the Govt. gives 6000 rupees for the woman to get nutritious food during 7-9<sup>th</sup> month of pregnancy and during first three months of lactating period.
- ❖ Under JSY to encourage institutional deliveries government provides 500 – 700 rupees for the woman to meet out the expenses during deliveries.
- ❖ Previously at PHC only 5 to 6 deliveries were conducted per year but after the NRHM now we are conducting 15 to 20 deliveries per month. Hence institutional deliveries have increased.
- ❖ Government Hospitals are competing with other Private Hospitals. Introduction of Beomone and CeMone centers the services to the people are more available and all the people are using the same.

After his talk Mrs. Amalorpava Mary, CHN explained her duties and responsibilities:

- ❖ Monday – examining pregnant women, weighing and checking the growth of the fetus and counseling the women.
- ❖ Tuesday – Meeting at PHC to plan for the next week

- ❖ Wednesday – Immunization day
- ❖ Thursday – School Health Day
- ❖ Friday & Saturday – awareness to the people regarding family planning and health and hygiene.
- ❖ Registration of Pregnancy
- ❖ During first six months, monthly once checking the mother and fetus, weighing and health awareness.
- ❖ During 7<sup>th</sup> and 8<sup>th</sup> months once in fifteen days the woman must come to have medical check up in PHC.
- ❖ During 9<sup>th</sup> months weekly check up to have normal safe delivery.

Dr. Bhanumathi in her special talk explained the aim of NRHM to introduce this community monitoring namely to reduce IMR and MMR. Village women must be made aware of the health services available at PHCs and encouraged to have institutional deliveries in time by which we will be able to reduce the same.

#### **Post Lunch session:**

After the lunch Ms. Tamilmani, Lecturer, Christian College, tried to emphasize the functions of sub-center and PHCs, namely mother and childcare, curative services for the common diseases, referral services, outreach programmes, mobile clinic, ambulance services, conducting deliveries etc.

Followed by there were clarifications from the audience and Dr. Bhuvneshwari, Mentor, cleared those clarifications. Then we switched on to introducing the Tools for Community Monitoring.

Ms. Mercy – Group discussion with Community members in General, Disease surveillance, Curative services, untied fund flow,

Ms. Senthilvadivu – Group discussion with Village Women & marginalized women group, child health services, quality of care, adverse outcome

Mrs. Chithra – interview with Beneficiaries, Maternal Health, details of Muthulakshmi Reddy Scheme, Janani Shiksha Abhiyan, adverse outcome, denial of services

Mrs. Catherine – Documentation of any denial of health care

And Mr. Francis Xavier, District Coordinator, consolidated and clarified all the doubts regarding tools and exposed the faculty checklists for Sub-centers, PHCs, Community Health Centers and Score Cards and sharing these results with the people in all levels.

Dr. Bhuvneshwari came forward to explain how to prepare Village profile initially and Village health report card at the end.



### ***Action Plan***

We divided the Group in to three according to the PHC to have discussion on what are the activities we are going to do, how to do and when to complete these activities. The entire group planned four activities namely:

- Meeting the village people,
- Meeting the village heads and explaining to them regarding community monitoring under NRHM,
- Completing Village profile and
- Forming Village Health and Sanitation Committee.

Time Frame: All these activities will be completed by 7<sup>th</sup> January 2008.

Mr. John, Lecturer, Christian College, thanked all the participants, guests and resource person for their availability and encouraged all the participants to work towards achieving community monitoring project successful. With that the workshop came to an end. Thank you.

## **PERAMBALUR DISTRICT – TIRUMANUR BLOCK**

Venue: RC Chruch Campus, Thirumanur

Date: 29.12.2007

Time: 11.00 am – 4.00 pm

Attendees: 35

### **Guests:**

1. Mrs. Rajeshwari, Panjayat President, Thirumanur
2. Mr. Arockiaraj, Managing Director, SHWET, Elackurichi

### **Resource Persons:**

1. Mr. Francis Xavier, Dist. Coordinator, CHAT, Trichy
2. Mr. Bethaperumal, Block Coordinator, Thirumanur

### **Agenda :**

1. Registration
2. Inauguration
3. Introduction to Community Monitoring and Planning
4. Committees and their roles and responsibilities
5. Functions of sub-centers & PHCs
6. Applying Tools
7. Valedictory function

### **Report:**

Community Based Monitoring and Planning Project Workshop under NRHM started at 11.00 am. Mr. David, Field Officer, Sagayamatha Hospital welcomed the participants and guests.

Mrs. Rajeshwari, Thirumanur Panjayat President, in her presidential address pictured how government delivers health services to the poor and how many welfare schemes are planned for the people. He requested all the participants to make aware these things to the people to make use of the available services and promised her support in implementing this project and for all efforts taken to assure these services.

Mr. Arockiaraj, Managing Director, SHWET enumerated services available at sub-centers and PHCs of our areas.



- ❖ PHCs have become 24 hours centers, equipped with facilities,
- ❖ Ambulance facility is available at PHC level. If the ambulance is not ready they are supposed to pay for the transport. The Pregnant women must be brought to the PHC for safe delivery and during stay provision of food.
- ❖ And after delivery the Government provides nutritious food to the mothers during lactating period.
- ❖ Under Muthulashmi Scheme the Govt. gives 6000 rupees for the woman to get nutritious food during 7-9<sup>th</sup> month of pregnancy and during first three months of lactating period.
- ❖ Under JSY to encourage institutional deliveries government provides 500 – 700 rupees for the woman to meet out the expenses during deliveries.
- ❖ Proper immunization, Mother and Child care, curative services must be available at all PHCs,
- ❖ Referral services, outreach programmes, mobile clinic, ambulance services, conducting deliveries

Mr. Bethaperuamal explained various duties of VHN to the participants:

- Monday – examining pregnant women, weighing and checking the growth of the fetus and counseling the women.
- Tuesday – Meeting at PHC to plan for the next week
- Wednesday – Immunization day
- Thursday – School Health Day
- Friday & Saturday – awareness to the people regarding family planning and health and hygiene.

Registration of Pregnancy. During first six months, monthly once checking the mother and fetus, weighing and health awareness. During 7<sup>th</sup> and 8<sup>th</sup> months once in fifteen days the woman must come to have medical check up in PHC. During 9<sup>th</sup> months weekly check up to have normal safe delivery.

#### **Post Lunch session: Committee Formation**

Bethaperumal continued to explain on formation of Committees at various level, First in the selected villages forming Village Health and Sanitation Committee, proceeding to form PHC level Community Monitoring and Planning Committee, and then to Block Level Community Monitoring and Planning Committee Formation. Explained also regarding who are all can be in the committee namely: Government Health Service Providers, PRI representations, NGOs, CBOs, SHG leaders and Village people, ANC, PNC, Marginalized representation. Committee must assure 50% women participation.

### ***Monitoring Tools***

And Mr. Francis Xavier, District Coordinator, Explained about tools and had very good discussion with the participants. He clarified tools regarding having:

- Group discussion with Community members in General, Disease surveillance, Curative services, untied fund flow,
- Group discussion with Village Women & marginalized women group, child health services, quality of care, adverse outcome
- Interview with Beneficiaries, Maternal Health, details of Muthulakshmi Reddy Scheme, Janani Saksha Abiyan, adverse outcome, denial of services
- Documentation of any denial of health care
- Regarding tools and exposed the faculty checklists for Sub-centers, PHCs, Community Health Centers and Score Cards and sharing these results with the people in all levels.
- Explained how to prepare Village profile initially and Village health report card at the end.

### ***Action Plan***

We divided the Group in to three according to the PHC to have discussion on what are the activities we are going to do, how to do and when to complete these activities. The entire group planned four activities namely:

- Meeting the village people,
- Meeting the village heads and explaining to them regarding community monitoring under NRHM,
- Completing Village profile and
- Forming Village Health and Sanitation Committee.

Time Frame: All these activities will be completed by 15<sup>th</sup> January 2008.

Mr. Antonysamy, Sagayamatha Hospital, thanked all the participants, guests and resource person for their availability and encouraged all the participants to work towards achieving community monitoring project successful. With that the workshop came to an end. Thank you.



## **TIRUVELLORE DISTRICT WORKSHOP-TOT REPORT**

**Venue** : Poondy Govt.Higher Secondary school – Tiruvallur district

**Date** : 26 & 27- December '07

**No. of Participants** : 42

### **Report:**

#### **26<sup>th</sup> December'07**

Tiruvallur is one among the five districts where the community monitoring and planning project implemented. All the five districts have done two days district workshop. The Tiruvallur district workshop is a residential workshop.

The workshop started on 26<sup>th</sup> morning with the inauguration program. The workshop inaugurated by the Poondy panchayat president Mr.Amburose who extends his cooperation to the CMP team. Dr.Sampath, Deputy Director of Public health services, Tiruvallur district participated in the inauguration. He explained the facilities available in PHCs and sub centres, the importance of public health services in villages and the importance given to local self-government in NRHM. He also explained the untied funds available to PHCs, sub centres and village committees. He assured his cooperation to this process. Few other eminent personalities of the district also participated in the workshop.

Immediately after the inauguration, Mr.Karuna from right to food campaign explained the objectives of the workshop. Mr.Kavitha from Tamilnadu science forum explained the group about the process of CMP in Tamilnadu. Karuna explained the different stakeholders in NRHM, different group's roles and responsibilities in NRHM and community monitoring.

Ms.Latha the district mentoring committee member explained the importance of community monitoring, the ways to improve the quality of health services through monitoring and the importance given to community monitoring in this project.

Karuna took a session on how to form committees in villages. He shared the experience of social audit for National Rural Employment Guarantee scheme in Villupuram district. He assured the success of community monitoring will result in improving the services.

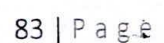
The district mentoring committee member Dr. Ilango, take a session on Health and Local self-government. He explained the role of Local self-government representatives in health activities.

#### **27<sup>th</sup> December'07**

The second day session started with the lecture on education and health in Tiruvallur district. Mr.Kamalalayan, district coordinator, Arivoli Iyakkam handled the session. He shared the education and health services status of Tiruvallur district. He emphasized that the need of community to understand health as a right and it is a duty of the government to provide quality and equity health services.

The entire group has divided into three based on their own blocks. The group discussed the tools in detail with the help of the translated version of the tools. All the groups asked to give their feedback on tools in detail. The groups gave extensive feed back on each topic.

### District Map:





## **TIRUVELLORE DISTRICT – KUMIDIPOONDI BLOCK**

**Venue** : Matharpakkam – Tiruvallur district

**Date** : 02/02/2008

**No. of Participants** : 42

### **Report:**

Gummidipoondy block workshop on community monitoring and planning held on 2 January'08 with 42 participants in whom 32 members are from the community who will take this process further. The Gummidipoondy block is one among the three blocks in Thiruvallur district, which chosen for community monitoring and planning project.

The workshop started around 11.a.m with inauguration. The panchayat president Ms.Sakunthala gajendiran inaugurated the workshop. The eminent personalities of this block were participated. The block coordinator for this project Ms. Kala gave welcome address.

The Tiruvallur district coordinator Mr. Devaraj explained the objectives of this workshop. He explained the project related activities and process held in Tiruvallur district. He also explained the objectives of the community monitoring in NRHM.

Mr. Suresh, the state joint coordinator of this project explained the importance, effectiveness, opportunities and the success of community monitoring. He emphasized the rights of the people in health care services and this one of the process to improve the quality of the health care services he added.

Mr. Dhayanidhi health inspector from Kannankottai PHC shares the facilities available in PHC and he explained the roles and responsibilities of the service providers. Followed by him Suresh explained the process of CMP at the state level and in other districts.

Afternoon the group was divided into three small groups; Suresh introduced the tools to groups. He explained the logic and the issues taken for survey. After that, the small groups discussed the tools and expressed their opinion on tools.

As a final activity, the small groups for each PHC planned the strategies to form the village health and sanitation committee. The workshop ended at 5.00.p.m.

## **TIRUVELLORE DISTRICT – MEENJUR BLOCK**

**Venue:** Thadaperumbakkam panchayat community hall, ponneri

**Date:** 04-01-2008

### **Program:**

Programme headed by: Mrs. Eeswari raja (Minjur block chairman)  
Mrs. Manimehalai (thiruvallur dist. Counselor)

Welcome address by: Mr. Muthu.D (Jeeva jyothi organizer)

Project explanation by: Mr. Arul.s (NRHM CM&P B.Coordinator)

Training agenda by: Mr.Devaraj .R (NRHM CM&P D.Coordinator)

Greeted by: Dr.P.Saravanakumar Medical officer (Minjur PHC)  
Dr.Mohanraj Medical officer (Kattur PHC)  
Dr.Rajan Doctor (devampattu PHC)  
Mrs.N.Jamuna President, thadaperumbakkam panchayat

Vote of thanks by: Mr.Senthilkumar (Jeeva jyothi document. officer)

### **Schedule:**

10.30 am	-	Tamilnadu science forum and makkal nal vaalvu iyyakkam
11.00 am	-	importance of NRHM CM&P
11.30 am	-	tea break
11.45 am	-	people role in monitoring
12.45 am	-	services for health
1.00 pm	-	lunch break
2.00 pm	-	introduction of tools
2.30 pm	-	group discussion
3.30 pm	-	planning
4.30 pm	-	session closing



**Guests :**

S.No	Name	Designation	address
1	Mrs. R.Eeswari raja	Minjur block president	ponneri
2	Mrs.Manimegalai	Thiruvallur dist councilor	Ponneri
3	Mrs.sumathi	Block councilor	ponneri
4	Mrs.jamuna	Panchayat president	Ponneri

Following special guests are participated in the training:

S.No	Name	Designation	address
1	Dr.P.Saravanakumar	Medical officer (Minjur PHC)	Minjur
2	Dr.Mohanraj	Medical officer (Kattur PHC)	Kattur
3	Dr.Rajan	Doctor (devampattu PHC)	Devampattu
4	Mr.ameerkhan	MNK state co convener	Chennai
4	Mr.Rajeshkannan	Panchayat assistant	Ponneri
5	Mr.P.Victor	Director, VSST	Pulicat
6	Mr.jayachandran	Press reporter	Minjur
7	Mr.gajendran	Press reporter	Minjur
8	Mr.ponko muthu	Press reporter	Ponneri
9	Mr.M.P.Sekar	Social activist	Methur

Participated target village members are followed:

S.No	Name	village
1	Balaji	Kanchivayal
2	Subramani	Karimanal
3	Ramesh	Senjiyamman nagar
4	Moorthy	Pasiyavaram
5	Sunkumar	Pasiyavaram
6	Vedhanayagi	Lighthouse
7	Ramani	Ambedkar nagar
8	Pushpa	Kolur
9	Suriyakala	Kolur
10	Devika	Kottaikuppam
11	Kalaiselvi	Kottaikuppam
12	Alimabeebee	Rahmath nagar
13	Majitha	Pulicat
14	Sahirabanu	Pulicat
15	Kala	Kolur
16	Rahthi	Ragavareddy medu
17	Lakshmi	Sirulapakkam
18	Anbarasi	Seganyam
19	Thavamani	Periyakarumbur
20	Bhuvaneshvari	Periyakarumbur
21	Meena	Kattur
22	Akila	Kattur
23	Suguna	Annuppampattu



## Report:

NRHM - Minjur block training was conducted on 1<sup>st</sup> January 2008, nearly 22 village representatives were participated in this training, and training was inaugurated by Minjur block chairman and Thiruvallur district councilor.

After inaugural function training session was started, three PHC doctors were present and gave lot of input about PHC functions and duties of doctors and also their difficulties.

Than village members also interact with doctors and clarify their doubts. Than discussion started about monitoring, villagers were said their view's and finally they one conclusion for Community monitory and planning and also the importance of NRHM.

After that, group discussed about govt. health services especially in PHC's and GH. Finally health services information sheets was distributed to all participants.

After the lunch session tools were introduced to participants, than members were discussed about tool, and finally they present their group concern, all of remarks noted to clarify.

Than after that PHC' wise local volunteers were selected as a voluntary based, from that selection planning also presented as PHC wise and for GH also.

Finally training program was concluded by district coordinator.

In the morning block training workshop inauguration function was conducted. Sharply it was started at 11.00 am. In Thadaperumbakkam panchayat community hall. Firstly block chairman spoke about importance of hospital facility, and also need for people monitoring. And also she shared about her view about functions of PHC's, particularly she exposed some positive and also negatives. Than she greets Jeeva jyothi activities like facilitation of village watch dog committees. After that district councilor spoke about importance of health in human life and than she greet monitoring members and also facilitating team.

Than Mrs.Pankajam, president of Thadaperumbakkam, expressed her view about working status of PHC's. She quoted one experience that was She was went PHC for treatment, but she did not get proper treatment, Because of doctor unavailability. So she also wants to be a monitoring member.

After that participants from around 15 villages introduced themselves. Than Mr.Arul-CMP Block Coordinator explain about the projects. He spokes about importance of monitoring also.

Than Mr.Ameerkhan explain about Tamilnadu science forum and Makkal Nalvalvu Iyakkam activities and key points about monitoring and also explain govt. health services, and systems of PHC's and GH. Like every PHC must have village health and sanitation committee, for this committee govt. allotted 10.000 rupees as a untie fund. And also every PHC must have patient's welfare committee; govt. allotted 1 lake per year.

Participant also hearing very interestingly and express their unknowingness and they shared their interest to doing monitoring.



After that PHC doctors were came and greet the monitoring members. Than Dr.Saravana Kumar spoke about minjur PHC services like ambulance service, 24 hour medical facility etc..., and also express their view about health services. Than Dr.rajan spoke about the difficulties in service like he express his inconvenience to go to PHC from his city, and also he mentioned if "I m stayed the village, may be my child became illiterate." After his word participants were strictly against his view, they want that Doctor should apologize for his wrong statement.

Than Mr.Devaraj, Dist. Coordinator, introduced monitoring tools and explained to the participants. Than participants were divided as different groups .After that group discussed and share their views about monitoring tools.

Finally, participants planned their activities for next three months.

## **TIRUVELLORE DISTRICT – POONAMALLI BLOCK**

**Venue :** Thiruninravoor Panchayat office

**Date :** 03/01/2008

**No. of Participants:** 30 members

Poonthamalle block is one of the chosen blocks in Tiruvallur district for implementing the pilot project of community monitoring and planning. In the Poonthamalle block, the chosen PHCs are,

1. Nemam
2. Thiruninravoor
3. Thirumalise

The Poonthamalle block is coordinated by 'Pasumai trust' one of the MNI members in Tiruvallur district. The workshop was started at 11.00 a.m. Since the Pasumai trust has, good rapport with Panchayat representatives of this block the panchayat gave their premises to run this one-day workshop. The special invitees were the chairman and Executive officer of Thiruninravoor panchayat. In their inaugural address, both of them assured long-term cooperation to this process.

Soon after the inauguration of the workshop, Ameerkhan from MNI orient the group on NRHM and community monitoring process. He explained the framework of implementation and the importance given to community monitoring in the framework. He also explained the components of the current pilot project.

After this, the group discussed and shared the health related problems they are facing in their own villages. There were many issues raised by the group include the quality of the health care services especially the role of the Health Inspector. In many villages, the community especially in this block did not see the health inspector role.

This exercise emphasizes the importance of local and participatory planning. The group mentioned that the most of the villages, which covered by the Thiruninravoor PHC, are located across the railway gate. Since most of the time the gate remain closed crossing the railway gate is difficult for them. They said the PHC should have located across the gate. They also shared the 'Soranchey' village has many leprosy patients, whom need special attention.

The medical officer of Thiruninravoor PHC, VHN and health inspector participated in this workshop. They shared their expectation from community, the difficulties they are facing, and the facilities available in PHC and assured their cooperation to this process. The community asked few questions to service providers and got answers from them.

As a last session, the participants divided as 3 groups and they discussed the tools with the translated tools version. Each group has taken few topics and they discussed the tools among themselves and presented their opinion on tools. This exercise was to help them to familiarizing the tools. The workshop closed at 5.p.m.



## **VELLORE DISTRICT WORKSHOP - REPORT**

**Date :** December 22 And 23, 2007

**Venue :** Conference Hall, Office Of Deputy Director Of Health Services, (Vellore Hud)  
Collector Office Complex, Vellore.

### **Programme Schedule:**

Saturday, 22<sup>nd</sup>

- 09.00 Am : Registration
- 10: 30 Am : Welcome Address, Visvanathan, Chair MAN,  
KATTUPATTUR PANCHAYAT and Tamil Nadu Science Forum
- : PRESENTIAL ADDRESS: Dr.P.CHANDRA,  
MEMBER, STATE AND DISTRICT MENTORING TEAM.
- : INTRODUCTION: AMEER KHAN,  
Peoples Health movement, coordinator
- : Inaugural address: Dr. Rajasekar, Deputy Director,  
Health services, Vellore Health HUD,
- : Special address : Dr. Premkumar, Deputy Director,  
Health services, Tirupattur HUD
- : Felicitation : Gopal Rajendiran, President  
Vellore district Science Forum
- : Mr. Murguan, Administrative officer, DD office, Vellore
- : Mr. Senthamil Selvan ( Sunday 23<sup>rd</sup>)

### **Details of participants:**

- |   |      |
|---|------|
| 1. Representatives from NGO                 | : 15 |
| 2. Representatives from PRI                 | : 15 |
| 3. Tamil Nadu Science Forum representatives | : 10 |
| 4. Representatives from Government          | : 11 |

### **District Mentoring committee members**

1. Dr. P. Chandra (DAS CBR )
2. Mr. Senthamil Selvan ( TNSF )
3. Dr. K.V. Arulalan ( District coordinator – CMP )

4. Mrs. Shankari ( AIDWA ) Vellore
5. Mrs. Maithaly NSS programme officer.

As many delegates had to come, traveling more than 100 kms from tirupattur block, the meeting got delayed by about ½ hour. The meeting was inaugurated by Vellore health district deputy director Dr. Rajasekar.

Mr. Visvanathan while welcoming the participants stated, that a cooperative effort is needed for the monitoring process to be successful. He solicited the support of every one, to make community realize its rights.

Dr. Chandra said, she has been in active practice for more than 50 years and she is saddened to see worsening of health care scenario in our country. Though many diseases have been conquered by nutrition and immunization, many children are deprived of their childhood due to poverty and illness. Globalisation has worsened the situation.

Unlike other countries there is no direct taxation for health care in India. So health care and other welfare measures are financed from taxes collected from the poor. Thus the poor are the major contributors to the treasury due their large numbers. They have not realized their rights. NRHM has included community monitoring in their programme. This monitoring is a Government programme and not a programme of individual or certain activists. It is aimed through this monitoring process People, particularly those below poverty line become aware of all the services available and their rights to get them.

Mr. Ameer Khan raised several issues which question so called advances of health care in Tamil Nadu. He asked whether we can be satisfied with this. Poor and their marginalized have to be made aware of their rights.

In his inaugural speech, he highlighted various achievements which were possible through NRHM in Vellore HUD.

1. Deliveries which were less than 8 per day have gone more than 38 per day.
2. Cesarean sections are conducted at primary health centers itself.
3. Blood storage facilities are available in selected primary health centers.
4. Prostaglandins are made available for controlling post-partum hemorrhages
5. Anti-D injections are given to needy mothers.
6. Anti Rabies vaccines are also available for the poor at primary health center level

Dr. Prem kumar, deputy director of health services spoke of other benefits of NRHM in Tirupattur block. Still many poor deprived of proper care. When they seek care from private sector, they sell their only property increasing their poverty and indebtedness. Hence there is an urgent need to improve all sections of public sector health services.

Mr. Gopal Rajendiran of Tamil nadu Science forum discussed the pioneering role in the field of education and its role to improve health status...



Mr. Murugan Administrative officer, spoke of keeping the health workers in a satisfied condition. This he said paved the way of health care delivery system to perform better.

Dr. Arulalan in his vote of thanks said we cannot shun away from the responsibilities. He stressed the importance of investing in improving maternal and child health services. He explained with Dr. Bhutta's criticism of Taj Mahal. If Shahjahan, who built Taj Mahal following Mumtaz post partum hemorrhage, instead of building, if he had concentrated on promoting the skills of birth attendants like Swedish King of at that time, maternal mortality would have down thus stabilizing the sub-continent population.

In the post lunch session, Mr. Amir led the discussion and there were 12 panchayat presidents and rest were related to the field work. They discussed on Health as a right. They expressed the following draw backs in health services.

1. Corruption
2. Rude Behaviour of health care functionaries.
3. Remuneration offered under various schemes like,

Dr. Muthureddy lakshmi scheme, reaches only a few of the people. BPL. Improper referral of very sick patients. They concluded that we should give to people as a minimum right to health. Three blocks are

**Kandhili, Pernampet and Kaniambadi.**

Members sat separately and each one of them identified the 3 primary health centers and 15 villages were identified in each block.

Villages which were situated from a long distance from PHC and

Villages in which disadvantaged section of the village were living were chosen.

Then each one of them discussed these issues and suggested approaches to monitoring.

### **DAY 2, December 23<sup>rd</sup> SUNDAY**

The second day many presidents could not make it as they were supposed to be present in the villages. The day started with Dr. Chandra welcoming the participants.

Mr. Senthamil selvan of Tamil nadu science forum discussed on rules a field worker should follow.

Important among them were :

1. They must go with the mindset to learn and not to teach
2. They are the primary beneficiaries not the people
3. They must wear simple dress

4. They must discuss the felt needs of the people
5. They must have code of behavior.

The tools were studied by the participants and were discussed by Dr. Chandra and Dr. Arulalan. Each page in the tool was discussed in detail. Mrs. Maithali of NSS, DKM COLLEGE, said she could utilize their volunteers. First the Village description were discussed. Then Discussion on village women self groups were discussed

Following doubts were raised.

- How all the untied funds to be used.
- How to collect data from post natal women and mothers.
- Issue of bribing was discussed at length and how to record them
- Refusal of services

People may be afraid to bring the issue to the forum. Local Activists are involved. If the objective of monitoring is explained to the people they will boldly come with remarks. All of them demanded the Tamil Version must be ready before block level workshops. The tentative action plan is as follows.

#### BLOCK

- Block level Committee formation
- Meeting of block committee
- Meeting block officials First round

#### PHC

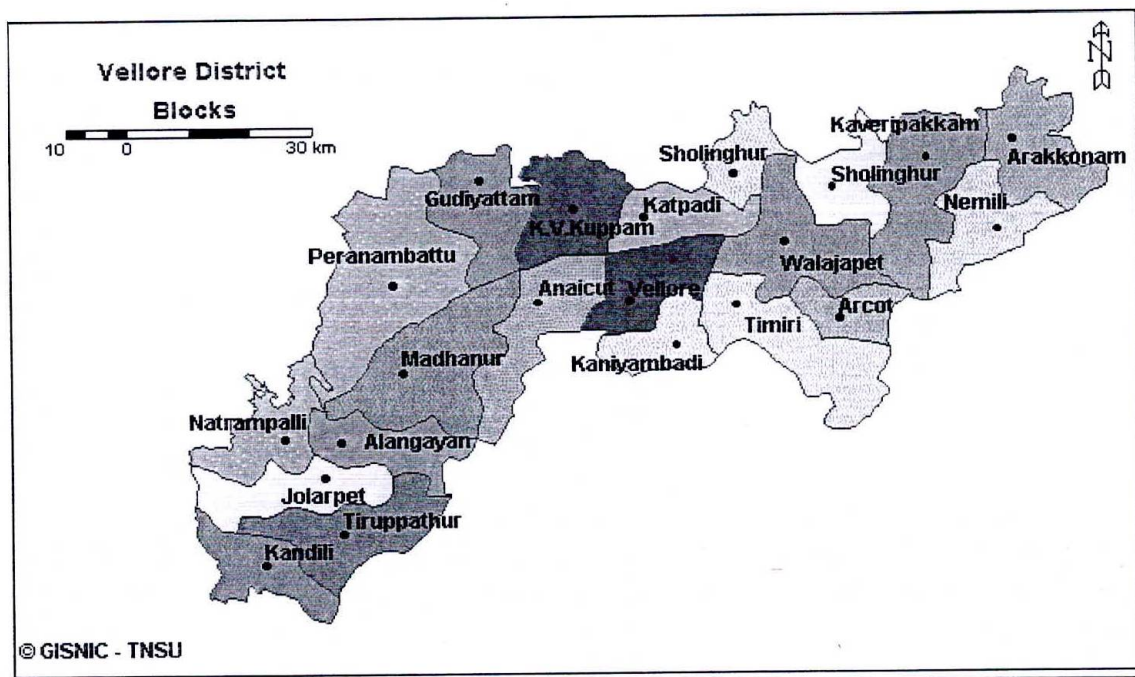
- Committee formation
- First meeting of the committee
- Village Committee formaton
- 5 Villages for each PHC
- Committee meeting, training.

All these process were expected to be completed by February end.

Subsequently action plan was drawn. As soon as tamil tools are available to conduct block level workshops.



## District Map :



## VELLORE DISTRICT – KANIYAMBADI BLOCK

**Date :** Sunday, January 6<sup>th</sup>

**Venue :** Government Boys School

### **Report:**

**The meeting was attended by over 32 members**

Panchayat presidents : 5  
TNSF volunteers : 26  
District coordinator : 1

Mr. Gopal rathinam welcomed the gathering and high lighted the government steps taken for making all children to attend school. He wanted similar event to take place in health sector also.

Mr. Visvanathan, president kattuputhur village spoke in detail the efforts taken in his panchayat which has gained national fame. Similar efforts if taken for NRHM will go a long way for us to achieve our goals

Dr. Arulalan, spoke about the efforts taken so far

Then Mr. vanamailan spoke about the responsibilities of the field workers

1. They must be polite
2. They must realize they are the primary beneficiaries of the programme
3. People know many things
4. They must act on the felt needs of the people

First the method to collect from the villages were discussed.

There were 15 villages from 3 primary health centers.

Then each page from the tool was discussed.

Many doubts were raised and were cleared

Panchayat presidents who were present actively participated. They assured full cooperation will be given for the conduct of the programme:



## **VELLORE DISTRICT – PERNAMPET BLOCK**

**Date** : Saturday, January 5<sup>th</sup>

**Venue** : Kailasa Giri, Primary School

**The Meeting Was Attended By 60 People**

**Presided By: Dr. Chandra**

**WELCOME ADDRESS** : **Dr. Kumar**  
                                  **Dr. Rakhal**  
**Block chair man** : **Padmavathy**  
**TNSF** : **Subramaniam**

### **INTRODUCTORY REMARKS:**

Dr.Chandra briefly outlined the progress in the past few years in the field of health care delivery and said globalization is taking heavy toll of the poor people

### **PRE TEA SESSION:**

Dr. Rakhal described how NRHM evolved over the years and how this is an opportunity for poor people to develop a redressal addressing mechanism. There is on punitive intention in this programme.

### **PRE LUNCH SESSION:**

PHC MEDICAL OFFICER spoke of the various benefits obtained under the national rural health mission.  
All the panchyat members were facilitated.

### **POST LUNCH SESSION:**

MS KUPPAM, NARIAPATTU, MELPATTI are the PHC in this block.  
15 Villages were identified and the volunteers who are going to the field discussed in length about the things they are going to do.

Module content were discussed in detail

### **POST TEA SESSION**

It was decided to take up active collection of data after pongal and share the data with others.

## VELLORE DISTRICT – KANDLI BLOCK

Date : Friday, January 4<sup>th</sup>

Venue : Kamatchiamman Thirumana Mandapam, Housing Board, Tirupattur

### **Programme:**

Welcome Address : Dr. P.Chandra  
Inauguration : Dr. Premkumar DD, Tirupattur Health district  
Felicitation by : Mr. K. Anbazhgan Vice chairman, Panchayat Union, Kandhili Block.  
Vote of thanks by : Palanivel samy

### **Participants : 54 Nos**

Representatives from health sector	:	20
Representatives from PRI	:	7
Literacy mission	:	16
Self Help group	:	2
NGO	:	4

Dr. Chandra welcomed the participants. She spoke about the changes taking place in the last 50 years in the field of health care delivery. Small pox was eradicated epidemics of cholera tamed, still the health and nutrition status of the block are far from satisfactory. Liberisation globalization and privatization is affecting the agricultural sector and the poor are marginalized more and more. Improving public health sector services need top priority.

The community monitoring programmed is a government sponsored programmed in which the civil society helping in monitoring. The process monitoring will make people aware of the rights and pave the way for full utilization of all services by them. The involvement of panchachayat raj institution for health of the people. Hence their participation and involvement was solicited.

Liberisation, privatization and globalization is affecting the poor and the marginalized

Dr.Premkumar DDHS highlighted the rapid improvement of health services after inauguration of NRHM in the last 2 years. Still the poor are not reached. To meet the expenses of medical care they borrow or sell their property thereby increasing their indebt ness. He hoped and wished that the monitoring process will make public aware of the services available and rapidly improve their utilization. The Female: Male ratio is lowest in Kandili block. Girls from conception to adulthood prompt attention.

Mr.Palanivelsamy thanked the participants.

3 primary health centers are

**Kunichi, Gajalanaickenpatti, Perampattu.**



5 villages in each phc were selected which were considered to be underserved and with marginalized people.

Representatives from each village were given sufficient time to express how they are going to do the work. They identified the following problems. Corruption, Doctors not available, PHC functioning hours to be from 8am to 4pm., lack of courtesy among health providers, all eligible beneficiaries from BPL are not receiving from funds from Dr.Muthulakshmi scheme and others.

The health workers said that their work load is heavy; population allotted for each VHN is high. On camp days only they are not available in their centers. The tools were discussed in detail page by page. Many of the workers themselves were not aware of untied benefits and other benefits.

The PHC and village committees will be formed in the first week of February and they will be ready for training by end of February and in March it was hoped to take up monitoring.

#### **DETAILS OF PARTICIPANTS**

Activity	OFFICIALS	TNSF	SHG	NGO	PRI	TOTAL
DISTRICT WORKSHOP	11	10	Nil	15	15	56
KANDILI BLOCK	20	16	02	4	7	54
PERNAMBET	8	22	17	3	6	56
KANIAMBADI	Nil	26	Nil	1	5	32

*Thank you*

# **ANNEXURE**

- **INVITATIONS**
- **PHOTOS**
- **PAPER CUTTINGS**
- **BANNERS**
- **TRAINING MODULES**



# INVITATIONS



அனைத்துத் தமிழாக்கியம் - கீழ்ப்படிந்தே!

## தமிழ்நாடு அறிவியல் இயக்கம்

245, அனைத்து தமிழாக்கியம் காவல், கோயம்புத்தூர், சென்னை - 600 086, தமிழ்நாடு

தங்கை அப்பா அனைத்து

தேசிய இயக்க கணினித் தகவல்கள்

சமூக - கணினிப்படி மற்றும் திட்டமிடல் (தகவல்கள்)

## துவக்க விழா மற்றும் மாநில பயிற்சி பாடறை

வழிவழி

தரு. அபித்யா

கிடை அனைத்து, கணினித் தகவல்கள் இயக்கம்

தகவல்கள்

தரு. அபி. திருவாரூர்

அனைத்து, கணினித் தகவல்கள் இயக்கம், தமிழ்நாடு அறிவியல் இயக்கம்

தகவல்கள்

உயர்தரு. அபித்யா (க.அ.அ.)

அனைத்து, கணினித் தகவல்கள் இயக்கம், தமிழ்நாடு

தகவல்கள்

அபித்யா (க.அ.அ.)

தகவல்கள், கணினித் தகவல்கள் இயக்கம், தமிழ்நாடு

தகவல்கள்

தரு. அபித்யா

கிடை இயக்கம், கணினித் தகவல்கள் இயக்கம் & தகவல்கள் இயக்கம், தமிழ்நாடு

தகவல்கள்

தரு. அபித்யா

கணினித் தகவல்கள் இயக்கம், தமிழ்நாடு அறிவியல் இயக்கம்



தகவல்கள் இயக்கம்

இடம்: திருவாரூர் அனைத்து, கணினித் தகவல்கள் இயக்கம், சென்னை

தரு. 3. அபித்யா 2007 - தகவல்கள் இயக்கம்

தரு. கணினித் தகவல்கள் இயக்கம்

TAMILNADU STATE CMP INAUGURATION AND WORKSHOP  
CUM TOT INVITATION

## INVITATIONS

அவ்வளவுக்கும் ஆரோக்கியம்! ஆனந்தம்!

## வேலூர் மாவட்ட பயிற்சி பட்டறை

தலைவரவர்கள் : மருத்துவர். **சந்திரா**, MD, DCH, FIAP,

NRHM COMMUNITY MONITORING - STATE &amp; DISTRICT MENTORING TEAM

தொகுப்பைச் சேர்ந்த சிறப்புகள் சிறப்புகள் மருத்துவக். **கூ. ராஜசேகரன்**, MBBS, DPH,

பொது இலக்கு எண்: 602 009

சிறப்பு : மருத்துவர் **பிரேம்குமார்** MBBS, DPL

مکتبہ اسلامیہ، لاہور، پاکستان

வாரியப்படி : திருவிஸ்வநாதன், பஞ்சாபத்து தலைவர், காட்டுநர்

மாண்புமிகு பேரவைத் தலைவர் : திரு. பொன்னுமலைப் பிள்ளை அவர்கள் : கீழ்க்கண்ட வினாக்களுக்குத் தயவுசெய்து பதிலளிப்பாரா :

[illegible]

செ. பிரகாஷ் Voice, Song.

சுற்றுலா : திரு. அமீர்கான் : திரு. அ. சிவசுப்பிரமணியன் : மதுரை நகராட்சி நிர்வாகம்

சுயநிர்வாகம் : 2023-24. **அருண்ராஜன்** MD, BCh, DNB, District Co-ordinator.

Case 1:12-cv-00001 Document 1-1 Filed 02/22/13 Page 1 of 1

23 AUGUST 2007

Charge : 10.00

[illegible]

卷之四

DDHS OFFICE CONFERENCE HALL  
"B" BLOCK, 2nd FLOOR,  
COLLECTOR OFFICE COMPLEX,  
SATHUVACHARI, VELLORE -9

**VELLORE DISTRICT CMP INAUGURATION AND WORKSHOP  
CUM TOT INVITATION**



# INVITATIONS

## NATIONAL RURAL HEALTH MISSION (NRHM)

தேசிய ஊரக

சுகாதார சேவைகள்

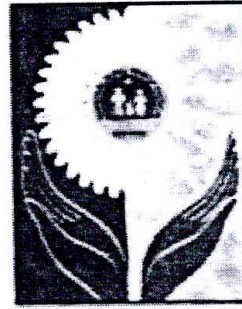
குறித்த

சமூக கன்காஷிப்பு

மற்றும்

தீவிரம் பற்றிய

ஒத்திய அளவீடுகள்



பரிசுப் பட்டியல் - அகழ்ப்பரிசு

நாள் : 28-12-2007 வெள்ளிக்கிழமை

நேரம் : காலை 9.30 மணி

இடம் : மன்ற கூடம், ஊராட்சி ஒன்றிய அலுவலகம்  
நல்லம்பள்ளி.

ஒருங்கிணைப்பு :

கீடஸ் தொண்டு நிறுவனம், நல்லம்பள்ளி

பொதிகை தொண்டு நிறுவனம், பாகைள்ளி

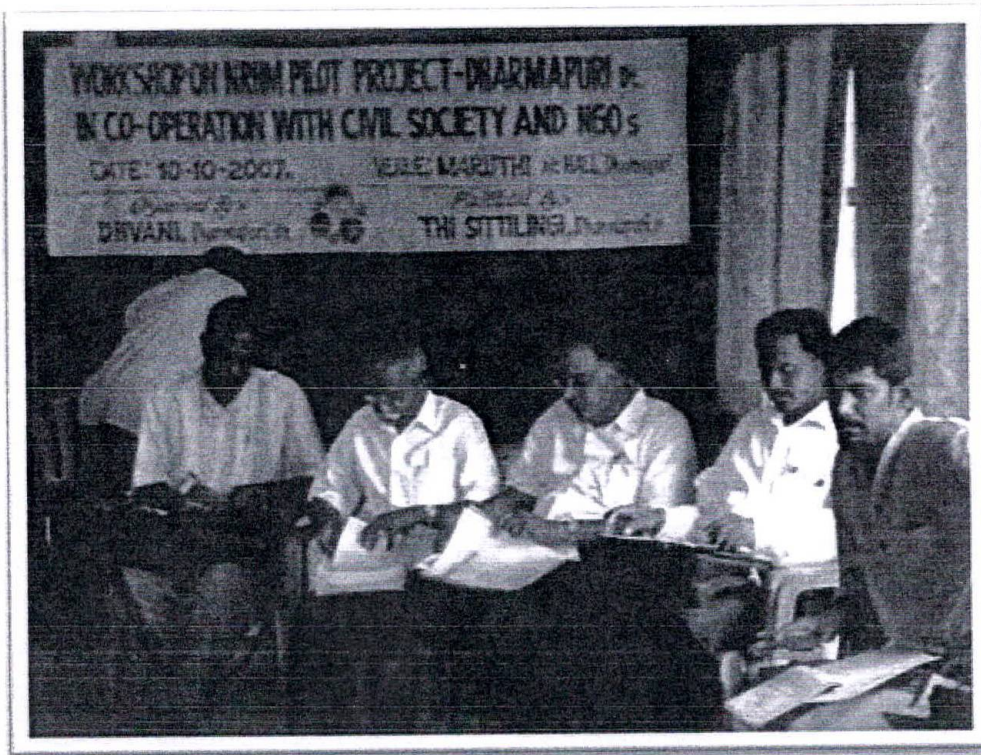
சேவா தொண்டு நிறுவனம், திண்டு

நல்லம்பள்ளி ஒன்றியம், தருமபுரி மாவட்டம்.

**DHARMAPURI DISTRICT CMP INAUGURATION AND  
WORKSHOP CUM TOT INVITATION**



# PHOTOS



**PREPARATORY MEETING AT DHARMAPURI DISTRICT TO  
FORM DIST MENTORING COMMITTEE**





# PHOTOS



***top:* TAMILNADU STATE WORKSHOP PATCIPANTS**

***bottom:* TAMILNADU STATE WORKSHOP GUESTS**





# PHOTOS



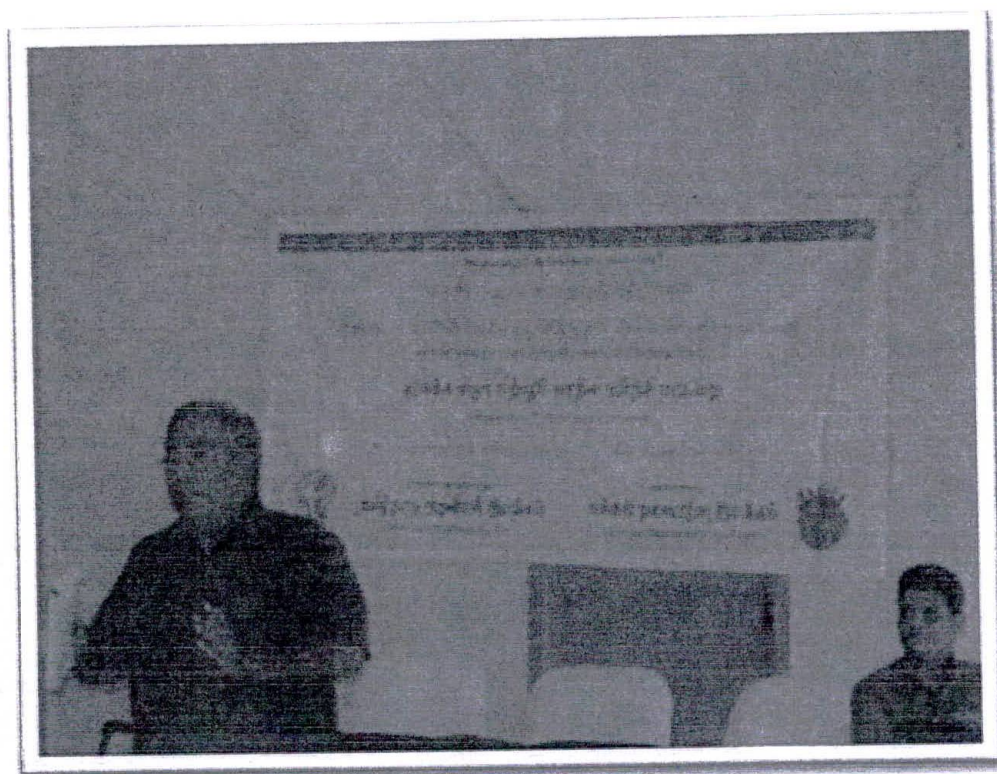
**top: Dr. Elango addressing in WS**

***bottom: Prof. Krishnaswamy, TNSF, addressing in WS***





# PHOTOS



***top: Dr. Prabhu, Nodal Officer NRHM in WS***

***bottom: Ms. Nirmala, VHN Asso. President and Mr. Ameerkhan Facilitator, MNI in WS***





# PHOTOS

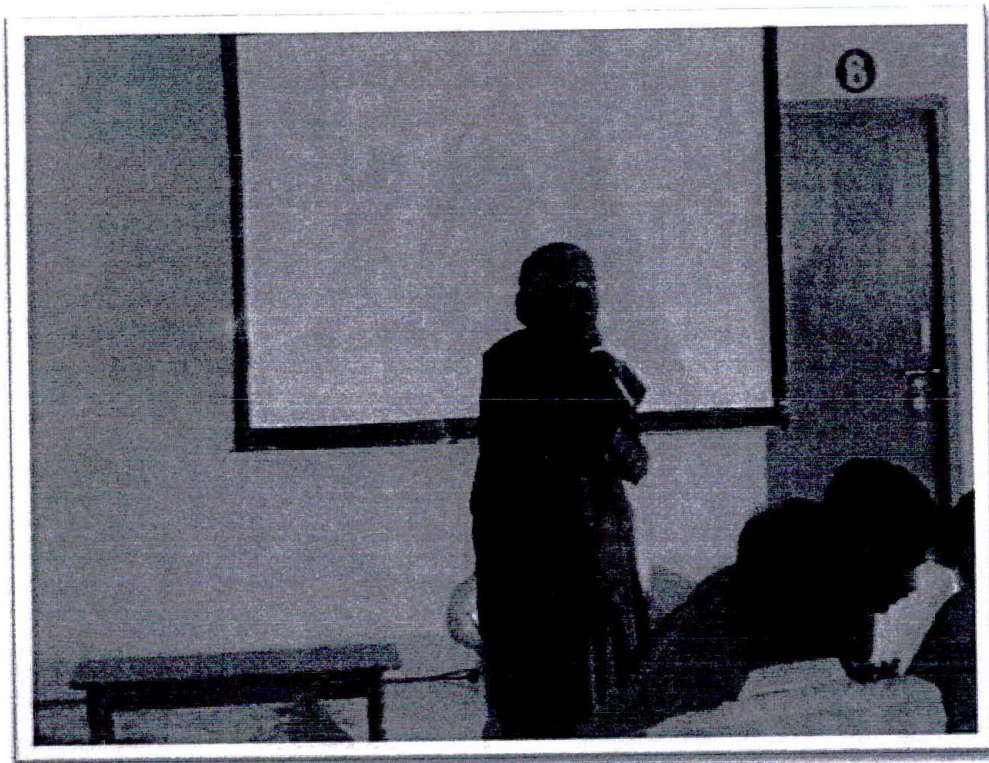


**Dr. Rakhal and Mr. Selvaraj State Mentors**





# PHOTOS



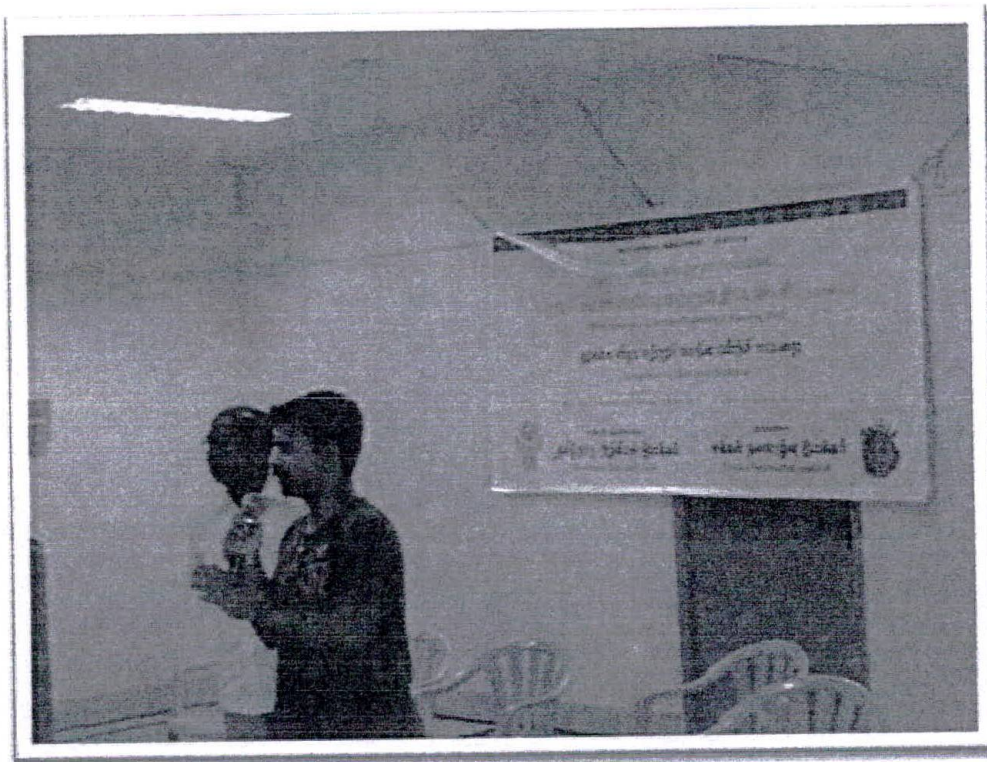
***top: Dr. Chandra, State Mentor in WS***

***bottom: Ms. Santhi, State Coordinator in WS***



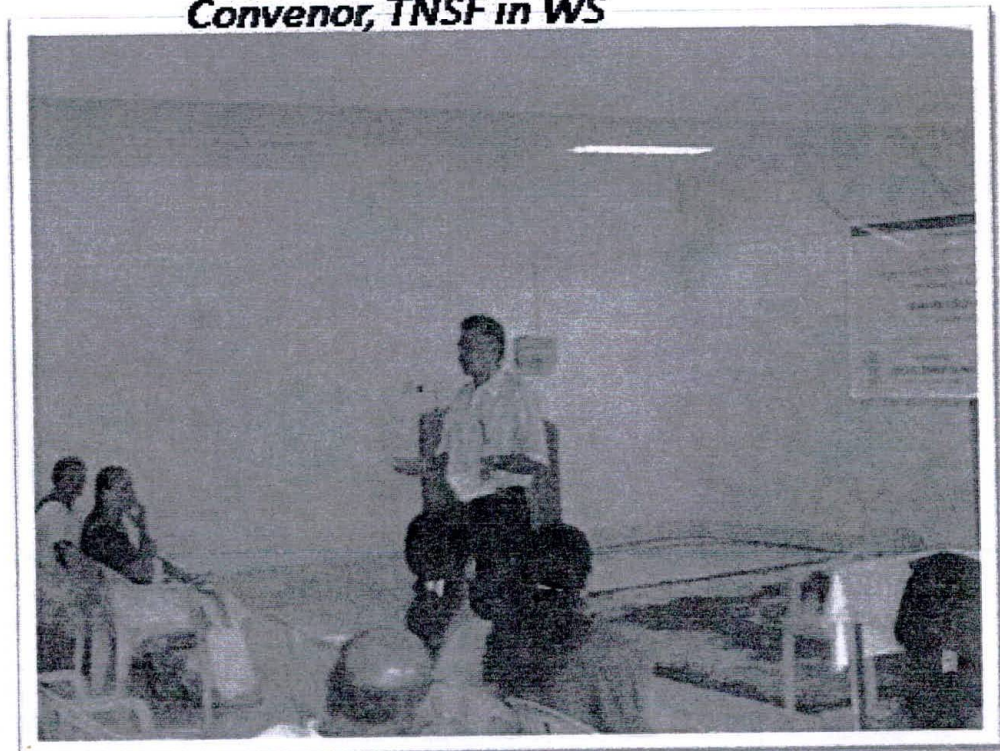


# PHOTOS



**top: Mr. Suresh, Stae Joint Coord and Dr. Pushparaj in WS  
Interaction**

**bottom: Prof. Rajamanickam, State Mentoring comm.  
Convenor, TNSF in WS**





# PHOTOS



## Group Discussion





# PHOTOS

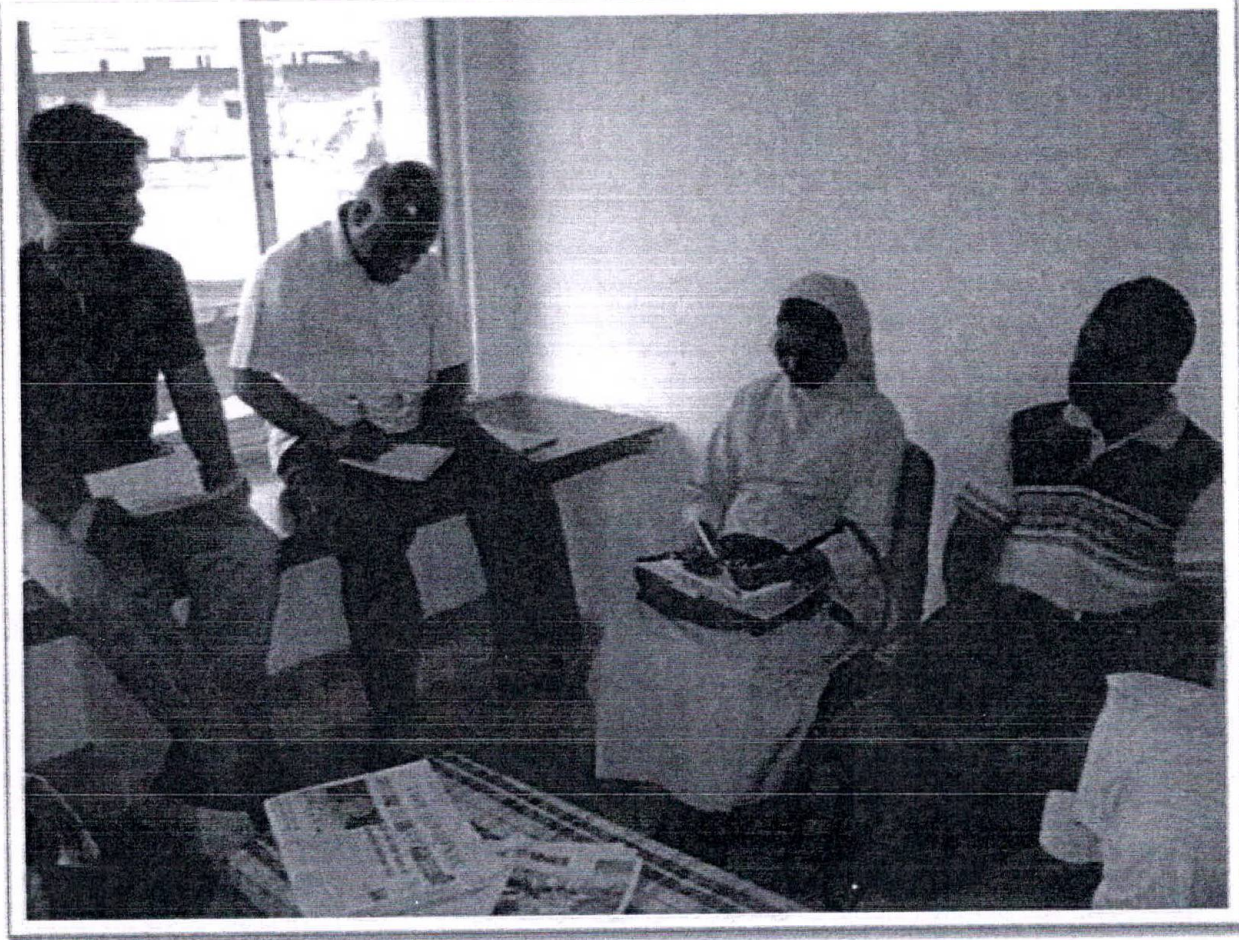


**Sharing & Discussion of Activists and Coordinators with  
Officials and Mentors**





# PHOTOS



***Discussion & Planning with District Coords and District Nodal  
NGO s***



# PHOTOS



***TAMILNADU STATE WS PARTICIPANTS***



# PHOTOS



*top:* Mr. Shankar in Dharmapuri District WS

*bottom:* VHN 's interaction in Dharmapuri District Block WS





# PHOTOS



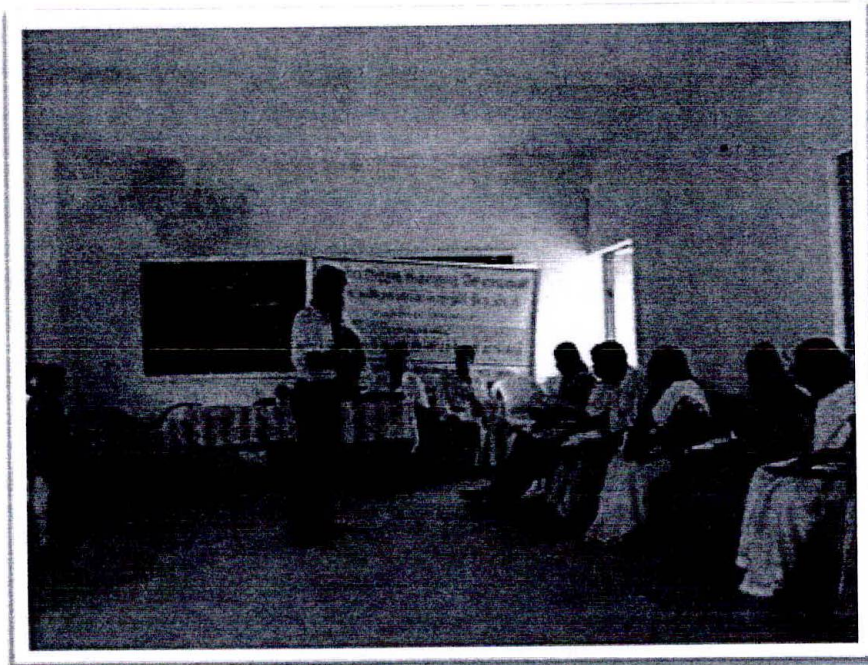
***top:*** CHAT Secretary's Address in Perambalur District WS

***bottom:*** Activist's interaction in Perambalur District Block  
WS





# PHOTOS



*top:* Mr. Ameerkhan in Tiruvellore District WS

*bottom:* Group Discussion at Tiruvellore District Block WS



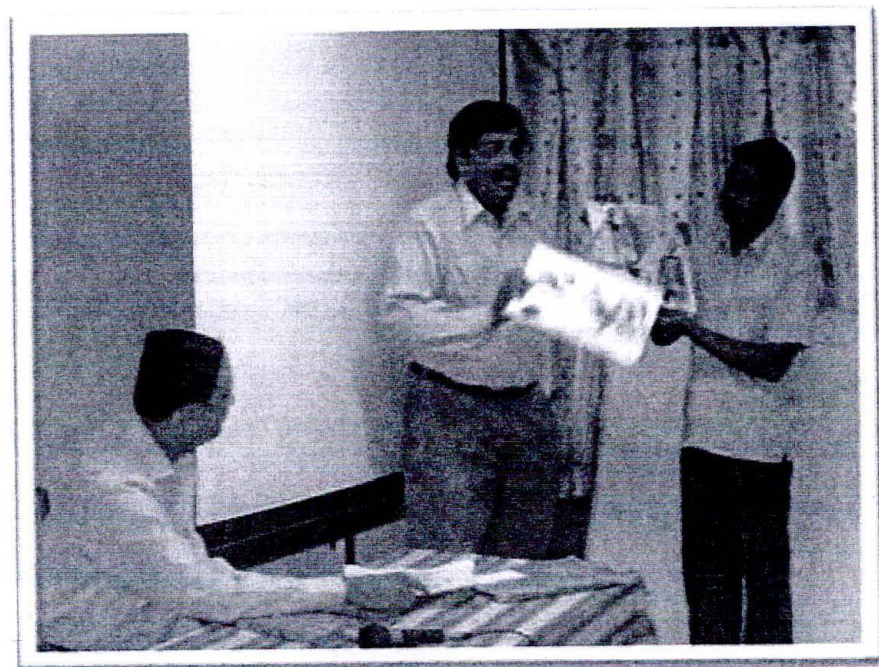


# PHOTOS



*top:* Guest DDH in Vellore District WS

*bottom:* Dr. Arulalan's Demonstration in Vellore District WS





# PHOTOS



***top:*** Fr. Justus in Kanyakumari District WS

***bottom:*** Planning Session in Kanyakumari District WS





# PAPER CUTTINGS

தினகான்  
சென்னை 29 டிசம்பர் 2007

## திருவள்ளூர்

### சமூக கண்காணிப்பு குறித்த 2 நாள் பயிற்சி முகாம்

திருவள்ளூர், டிச.29: பூண்டி அரசினர் மேல் நிலைப்பள்ளியில் சமூக கண்காணிப்பு குறித்த 2 நாள் பயிற்சி முகாம் நடந்தது.

திருவள்ளூர் அடுத்த பூண்டி அரசினர் மேல்நிலைப்பள்ளியில் தேசிய ஊரக சுகாதார சேவைகள், சமூக கண்காணிப்பு மற்றும் திட்டமிடல் குறித்த 2 நாள் பயிற்சி முகாம் நடந்தது.

முகாமுக்கு பூண்டி ஊராட்சிமன்ற தலைவர் ஜி.அம்புரோஸ் தலைமை தாங்கினார். மாவட்ட ஒருங்கிணைப்பாளர் ஆர்.தேவராஜ் வரவேற்றார்.

முகாமில் கலந்து கொண்ட திருவள்ளூர் மாவட்ட சுகாதார பணிகள் துணை இயக்குனர் பி.சம்பத், திட்டங்களின் நோக்கம் குறித்து விளக்கி

னார்.

மாநில இணை ஒருங்கிணைப்பாளர் க.அமீர் கான், டாக்டர் இளங்கோ, அறிவொளி வளர்கல்வி திட்ட மாவட்ட ஒருங்கிணைப்பாளர் சு.கமலா யன், பூண்டி வட்டார வளர்ச்சி அலுவலர் மு.பசுபதி, மனித உரிமைகள் அமைப்பு இயக்குனர் தென்பாண்டி, தமிழ்நாடு அறிவியல் இயக்க பொறுப்பாளர்கள் இளங்கோ, கவிதா, லதா ஆகியோர் பயிற்சி அளித்தனர்.

முகாமில், பூந்தமல்லி பசுமை டிரஸ்ட், மீஞ்சூர் ஜீவஜோதி, சும்மிடிப்பூண்டியில் உள்ள தமிழ்நாடு அறிவியல் இயக்கம் ஆகிய தொண்டு நிறுவனங்களின் மாவட்ட, ஒன்றிய கண்காணிப்பு உறுப்பினர்கள் கலந்து கொண்டனர்.



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யில் நடத்தப்பட்டது. பூந்த  
மல்லி ஒன்றிய அளவிலான  
இப்பயிற்சிப்பட்டறையில்  
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பாளர் அமீர் கான் திட்ட அறி  
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ஏன் என்பதை மாவட்ட ஒருங்கி  
ணைப்பாளர் ஆர்.தேவராஜ்  
விளக்கி பேசினார்.

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திருமழிசை, நடு குத்தகை,  
நெயிலிச்சேரி, ஜெமீன் கொரட்  
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லிருந்து தன்னார்வ தொண்டர்  
கள் பங்கேற்றனர். பயிற்சிக்  
கான ஏற்பாட்டை பசுமை  
அறக்கட்டளை, அறிவொளி  
இயக்க பொறுப்பாளர்கள் செய்  
திருந்தனர். தியாகராஜன்  
நன்றி கூறினார்.

சென்னை

06-01-2008

தினமூலி சேலம் 1-1-2008

## அருரில் தேசிய ஊரக சுகாதார திட்ட பயிற்சி பட்டறை

அருர் ஜன்-  
தருமபுரி மாவட்டம் அருர்  
ஆலையாளர் அலுவலகத்தில்  
தேசிய ஊரக வளர்ச்சி சுகாதார  
திட்டத்தை பற்றிய அனைத்து  
ஊராட்சி தலைவர்கள் அங்கு  
வாடி பணியாளர்கள் மற்றும்  
தொண்டு நிறுவன சப  
உதவிகளுக்கான பற்றி  
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மாவட்ட ஊராட்சி மன்ற குழு  
தலைவர் சாக்கன்சர்மா  
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சிவசுகுமார் வரவேற்றார்.  
இப்பயிற்சி பற்றிய விவரங்களை  
தருமபுரி மப் நிறுவனர் சங்கர்

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கூட்டத்தில் முக்கிய  
நோக்கமாக தமிழ்நாட்டில்  
தருமபுரி மாவட்டத்தில்  
சுகாதாரத்தை தனிவாக தேசிய  
ஊரக சுகாதார திட்டம்  
என்.ஆர்.ஐ.சி. எம் என்ற  
கூட்டமைப்புடன் சேர்த்து  
கிராம சுகாதார வளர்ச்சி குழு  
ஏற்பாடு செய்யப்பட்டு அதில்  
கிராமம் கிராமமாக செவிலியர்  
கூட்டச்சத்து அங்குன் வாடி  
பணியாளர் ஊராட்சி தலைவர்  
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ஆன்கன் தொண்டு நிறுவன  
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இயக்குனர்கள் சேவை  
மனப்பான்மை உள்ள  
பொதுமக்கள், மேலும் வட்டார  
வளர்ச்சி அலுவலர்  
வட்டாச்சிவி மாவட்ட ஆட்சி  
தலைவர் போன்ற

அனைவரையும் ஒரு கூட்டாக  
அமைத்து தேரடிவாக  
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குறைபாடுகளை நீக்கவும் முறை  
எவ்வாறு என மாவட்ட  
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வேட்புப்பட்டி ஒன்றாட்சி  
மன்ற தலைவர், நபயர்  
நாயக்கன்பட்டி ஊராட்சிமன்ற  
தலைவர் முருகேசன் மற்றும்  
ஜெலப்ப தொண்டு நிறுவன  
இயக்குனர் கருணாமூர்த்தி,  
எகேவி தொண்டு நிறுவனம்  
மற்ற தொண்டு நிறுவன  
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கூறினார்.



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ஞாபகப்படுத்தல் 30 அக்டோபர் 2007

செயல்

## ஊரக சுகாதார சேவை குறித்த சமூகக் கண்காணிப்பு, திட்டமிடல் பயிற்சி



தலைமையகத்தில் வெள்ளிகிழமை நடைபெற்ற ஓன்றிய அமைப்பைத் தேசிய ஊரக சுகாதார சேவைகள் குறித்த ஊரக கண்காணிப்பு மற்றும் திட்டமிடல் தொடர்பான பயிற்சிப் பட்டிணாவைத் தொடங்கி வைத்துப் பேசியோ ஓன்றியக்குழு தலைவர் த.பகவதி காமாணி

தருமபுரி, ௨௪. 28. ஊரக சுகாதார சேவை குறித்த ஊரக கண்காணிப்பு மற்றும் திட்டமிடல் பயிற்சிப் பட்டிணாவை தலைமையகத்தில் ஊராட்சி ஒன்றியக்குழுத் தலைவர் த.பகவதி காமாணி தொடங்கி வைத்தார்.

தலைமையகம் ஊராட்சி ஒன்றிய அலுவலக கட்டட அரங்கில் வெள்ளிக் கிழமை நடந்த பயிற்சிப் பட்டிணாவைத் தொடங்கி வைத்து அவர் பேசினார்.

கிராமப்புற வளர்ச்சியை மக்களுக்குப் பெருமை, குழந்தைகளுக்குப் பயிற்சி வழங்கும் வாதிகள் சிவசக்தி வெள்ளையன், தோட்டில் துவிரசு முத்துவர் கருணாநிதி திட்டவகைகள் செயல்படுத்தி வருகிறார்.

கிராம மக்களுக்குத் தேவையான மருத்துவ வாதிகளை ஊரக அரங்கில் தது மருத்துவ சேவை துறாவும், மின்துறாவும் மக்களுக்கு சிறை ௨4 மணிநேரம் இதனை மக்களைக் கவனிக்கும் சேவை செய்கிறது.

மக்களை ஆரம்பகால நடவடிக்கை மருத்துவத் துறையை மேம்படுத்த ஆயோசனைகளை வழங்கவும் மக்களையும் மக்கள் பிரதிநிதிகளை ஊரக மக்களும் மாநில தலைநிலைத் துறை தொடர்பு திறமைகள், உணர்ச்சி அமைப்புகள் மற்றும் பொதுமக்களை உடனடி முயற்சியை இதற்கான திட்டம் செயல்படுத்தப்படுகிறது என்றார் அவர்.

இதன்பின் தேசிய ஊரக துறையுடன் திட்டம் 9 மாநிலங்களில் செயல்படுத்தப்படுகிறது. துவிரசுநிலைத் துறை புரி கண்காணிப்பு, மேலும், திறமைகள், தொடர்பு ஆகியவை மக்களில் செயல்படுத்தப்படுகிறது.

தருமபுரி மாவட்டத்தில் தலைமையகம் காரியகமும் ஊராட்சி ஒன்றியம் கமிட்டி ஒரு ஒன்றியத்துக்கு 1 ஆரம்ப சுகாதார நிலையகம் தோட்டி செயல்பட்டிருக்கிறது. ஒவ்வொரு ஆரம்ப சுகாதார நிலையகம் மக்களின் உணர்ச்சி கிராமங்களில் திட்டம் செயல்படுத்தப்படுகிறது.

தது அகம்பாவு கட்டடம் கண்காணிப்பு குழு, கிராம கண்காணிப்பு குழு அமைக்கப்படும். இந்த குழு மருத்துவ சேவையை ஆரம்ப செய்கிறது. சேவையை மேம்படுத்தும் குறித்த ஆயோசனைகளை வழங்கும் என அவர் திட்ட அறிக்கையில் தெரிவிக்கப்பட்டிருக்கிறது.

தலைமையகம் ஒன்றியத்தில் சிட்டிஸ் பொதுமை சேவை தொடர்பு திறமைகள் திட்டத்தை வழிநடத்தும் ஊரக சிட்டிஸ் தொடர்பு திறமை இயக்குநர் அமைப்பைத் தெரிவித்தார்.

பயிற்சிப் பட்டிணாவில் கட்டடம் கண்காணிப்பு அலுவலர்கள் முயற்சியை மாரி த.மெலாடுத்தோர், தொடர்பு திறமைப் பிரதிநிதிகள் ம.க.காமகம் கண்ணன், ம.ச.சக்தி, பெருமேந்திய ராஜா, துறையணி ஊராட்சித் துறை வர்கள் இரா.தாமரை, ச.மேலாழி மாரியன் முதலும் கமிட்டியணி உள் சிட்டிஸ் பெயர்.



# BANNERS

அனைவருக்கும் ஆரோக்கியம் - 'இப்போதே'!

**தேசிய உரக சுகாதாரச் சேவைகள்**

**சமூக - கண்காணிப்பு மற்றும் திட்டமிடல் (முதற்கட்டம்)**  
NRHM Services - Community Monitoring & Planning (Pilot)

**துவக்க விழா மற்றும் மாநில பயிற்சி பட்டறை**  
Inauguration & State level Workshop

இடம்: மேலு விவசாயப் பூங்கா, சென்னை  
தாள்: 3 முதல் 5, டிசம்பர் 2007

 **தமிழ்நாடு அறிவியல் இயக்கம்**  
Tamilnadu Science Forum

 **மக்கள் நலவாழ்வு இயக்கம்**  
Makkal Nalavazhvu Iyakkam

*top:* TAMILNADU STATE WORKSHOP BANNER

*bottom:* TAMILNADU STATE WORKSHOP WELCOME BANNER

 **தமிழ்நாடு அறிவியல் இயக்கம்**  
மற்றும்  
**மக்கள் நலவாழ்வு இயக்கம்** 

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## **Mobilisation of Communities**

The village is the main focus for the community monitoring activities. In a block 15 revenue villages are being included in the first phase of this project. Village is a heterogeneous entity which has its own dynamics and population groups. In order for the community monitoring process to be a success, the involvement of the community is very essential. So instead of pushing the project from outside, we need to work towards the community owning the project and seeing it as essential for the empowerment of the village and the betterment of the health services. Therefore mobilisation of the village communities is an important part of the community monitoring project.

### **Objective of community mobilization:**

1. To make the communities aware of their health related entitlement within NRHM.
2. To have a shared understanding of the health issues of the community.
3. To facilitate the formation or expansion of the Village Health and Sanitation Committee.
4. Building ownership about public health service.
5. Developing awareness about determinants of health.

### **Proposed Activities:**

(Assumption – the Block level organisation is familiar with the village)

The mobilisation of the villages will include

1. Distributing pamphlets to literate people
2. Putting up posters in the common meeting places of the people (e.g. near temples, wells, market place, etc.)
3. Informal meetings with key people ( leaders of CBOs, women leaders, Pradhan, in the village) to get an idea about
  - General layout of the village
  - Different social groups in the village and where they stay
  - Key health problems of the community
  - Key service providers of the area
  - Expense related to health problems
  - Communities opinion and use of government health facilities and service providers



4. Village meeting to share findings, share NRHM information and facilitate formation of VHSC

- Share the Village health services profile in the village.
- Inform community of NRHM and community monitoring in NRHM ( share pamphlets and posters and leave multiple sets behind in the community
- Elicit interest from members of the community about formation of village health and sanitation committee

**Number of days:** Three days have been assumed for mobilisation in the Community Monitoring proposal. These three days with one community/village need not be in one contiguous block.

**Village Health Services Profile:** At the end of the mobilisation process the village health services profile should be filled. This profile should be used by the facilitators and the VHSC members to familiarise themselves before they start with the monitoring process. The village health services profile will also help in comparing the changes that will be brought about after the community monitoring process. The expected changes are improvement in services, increased utilisation of government services and decrease in health related expenditure.

The format for the village health services profile is given below.

## Village Health Services Profile

### I. Demographic profile

1. Name of the Village and gram panchayat –
2. Name of the Block –
3. Name of the District
4. Name of the SubCentre –
5. Name of the PHC -
6. Name of the hamlets –
  - a)
  - b)
  - c)
  - d)

7. Total Population of the village (approx) \_\_\_\_\_

8. Total number of households in the village \_\_\_\_\_

9. Caste-wise breakup of households

a. Majority Community \_\_\_\_\_

b. Minority Community 1 \_\_\_\_\_

c. Minority Community 2 \_\_\_\_\_

d. Minority Community 3 \_\_\_\_\_



II. Information of key people

10. Name of Panchayat level members and position-

Name	Position

11. Does the village has any village level groups/ organizations? (Note group and leaders' name)

Group	Leaders

**III. Information about service providers**

(According women, Key Informant, excluded groups)

**12. Name of the health providers**

- a. Name of ANM:
- b. Name of village health worker:
- c. Name of AWW:
- d. Name of Male Health worker:
- e. Any other extension worker associated with health related activities (please specify):

**13. Details of Non-government Providers**

<b>Category of provider ( names)</b>	<b>Usage</b>	<b>Available in Hamlets</b>	<b>Distance from Village</b>
Herbal healer 1. 2. 3.			
Exorcist/faith healer 1. 2. 3.			
Dais –trained 1. 2. 3.			
Dais – Untrained 1. 2. 3.			
Pvt doctor 1. 2. 3.			



Informal pvt. Doctor 1. 2. 3.			
Village Health Worker 1. 2. 3.			
Medical Store 1. 2. 3.			
Other provider 1. 2. 3.			

## 14. Information related to time and distance of each health facility from the village

Health facility	Distance	Time
Sub Centre		
PHC		
CHC		

## 15. Community's opinion of the services provided by the AWW, ASHA, ANM, PHC and CHC?

(Take information from Women and excluded groups)

Service availability	Service provided	Do you utilise	Problems faced
AWW	1. 2. 3. 4. 5.		

ASHA	1. 2. 3. 4. 5.		
ANM-SubCentre	1. 2. 3. 4. 5.		
PHC	1. 2. 3. 4. 5.		
CHC	1. 2. 3. 4. 5.		

#### IV. Information of social exclusion & main health problems

16. Does the village face any form of social exclusion or marginalisation? If so, please explain?



17. What are the main health problems and illnesses in the village?

In order of commonness ( free list and then rank) (list them from the highest most to the lowest most)

Women	Children	General

#### V. Water & Sanitation facilities

(Women and excluded group)

18	What is the main source of drinking water in the village?	
19	What is the main source of water for other purposes such as cooking and washing?	
20	Does the village have toilet facility?	
21	What type of toilet facility you all have?	

**VI. Health Expenditure**

(Women and Excluded groups, Write what the majority of women say)

22	Which are the diseases that cost the most? List 5 (including Maternal & child health) or use prompts for including maternal & child health?	1. 2. 3. 4. 5.
23	Where did you go for treatment?	
24	On what was the money spent the most (why was it so expensive)? (Tick the option which the majority say)	<input type="checkbox"/> On overall treatment <input type="checkbox"/> Doctor's Fee <input type="checkbox"/> Drugs <input type="checkbox"/> Transportation <input type="checkbox"/> Time/ daily wages lost due to this <input type="checkbox"/> Repeated referrals
25	For the treatment how did you arrange the money? (Tick the option which the majority say)	<input type="checkbox"/> I was able to pay of my own <input type="checkbox"/> Borrowed from neighbors/friends/family members <input type="checkbox"/> Borrowed from Bank/ SHG loan <input type="checkbox"/> Borrowed money from Sahukar/ Mortgage assets <input type="checkbox"/> Sold land and other belongings

26. Expenditure for childbirth, diarrhea, malaria (or any seasonal/endemic diseases). Write the amount in range.

	Home based care	Hospital based care
Delivery		
Diarrhoea		
Malaria		



## Conducting Community monitoring at the Village and Facility levels

### A. Preparatory activities

1. In a village meeting conduct the formation of the VHSC. If VHSC is already existing in the village, then promote active participation from weaker sections and CBO/ NGO representatives.
2. Block coordinator with help from the block facilitator should arrange for a meeting with the VHSC members. In the villages where CBO/ NGO have a strong grass root presence other community members could also be involved. In this meeting, a set of five pamphlets of the service guarantees that NRHM has promised should be distributed.
3. Ask one or two members of the VHSC to speak about the service availability at the village and level above and improvements that are necessary.
4. Describe the process of the community monitoring in the pilot phase and beyond, and its relevance for the community members.
5. Fix a suitable day for the activities for preparation of the village health report card.

### B. Process of Community Monitoring

- The community monitoring process results in the formation of a village health report card and a facility score card. The report card and the score card give a snapshot of the status of various health issues prevailing from the village to the district level.
- Village Health Report card and the health facility score card would be broadly based on following indicators with emphasis on the service guarantees as mentioned in the NRHM.

Table 1

	Themes	Source of Information
1.	Disease Surveillance	Group Discussion with community members
2.	Curative Services	- do -
3.	United funds	- do -
4.	Child Health	Discussion with Women
5.	Quality of Care	Discussion with Women
6.	ASHA community perceptions	Discussion with Women
7.	Adverse Outcome or experience reports	Interview and Group discussions
8.	Maternal Health Guarantees	Interview with JSY beneficiary
9.	Janani Suraksha Yojna	-do-
10.	Asha functioning	Interview with ASHA
11.	Equity Index	Discussion with women from general & marginalized communities
12.	Infrastructure and Personnel	Facility Check List
13.	Equipment and Supplies	- do -
14.	Service Availability	- do -
15.	Unofficial charges	- do -
16.	Quality of Care	Exit Interview
17.	Functioning of Rogi Kalyan Samiti	Interview with MO

- The frequency of preparing the village report card and health facility score card will be **once in every three months**. This report card would be submitted to the PHC Monitoring committee.
- CBO/ NGO/ SHG representative in the extended Village Health and Sanitation Committee and one Panchayat member should be nominated for preparing the village health report card.
- Village Health Report card and the health facility score card would be prepared in a span of two days.
- It is strongly recommended that at least for the pilot phase Block level coordinator should be present to demonstrate each monitoring activity. This would be crucial for equipping community members to participate in the activity of the Village health Report card, health facility score card and capacity development of the VHSC members to independently conduct Village level meetings and the beneficiary interviews. This has relevance beyond the pilot phase.
- At the village, the following activities in Table 2 will take place for the preparation of the village health report card.

Table 2

Beneficiary	Community	Provider	Facility
Five Interviews with women who have delivered in the last three months	One Group discussion with community members	One Interview with PHC Medical Officer	Observation of Sub centre using a checklist
	One Group discussion with women	One interview with CHC Medical Officer	Observation of PHC using a checklist
	One Group discussion with marginalized communities	Five Exit interviews of the PHC patients	Observation of CHC using a checklist
	One interview with the ASHA	Five Exit interviews of the CHC patients	

Details of the various activities and how the responses from the community can be recorded to prepare village and facility level score cards are given in the following pages.



**Activity I - Group Discussion with community members**

- ✓ For the discussion with the community around 15 to 20 community members should be present.
- ✓ After describing the objective of the meeting and detail discussion on the service guarantees that are offered in the NRHM, explain about the process of the community monitoring. Explain to the participants that meeting like this one, is first in the chain of interactions that VHSC would be doing with the local community in the process of the community based monitoring.
- ✓ Questions regarding disease surveillance, curative services provided by outreach functionaries and untied fund should be asked. The questions are given below in the format. Please conduct the group discussion around the issues mentioned in the format. During the meeting the responses can be recorded in a notebook.
- ✓ Conclude the meeting by mentioning that some more investigative activities will be conducted in the village and the results will be shared in a village meeting
- ✓ Once the meeting is over the responses should be recorded in the format and each response is scored. The corresponding score has to be written in the column named 'Score'. Tally the scores.

**Disease surveillance (Maximum Score: 8)**

S.No	Questions	Response	Score
1.	Does MPW visit your village regularly for disinfection of water sources?	Everyone: 2 Some people: 1 None: 0	
2.	Have you found MPW efficient in informing concerned authorities about outbreak of malaria, diarrhea etc in your village?	Everyone: 2 Some people: 1 None: 0	
3.	Do you report events like birth and death to MPW?	Everyone: 2 Some people: 1 None: 0	
4.	Does MPW proactively approach you for registering vital events like birth and death?	Everyone: 2 Some people: 1 None: 0	
<b>Total</b>			



**Curative services provided by outreach functionaries (Maximum Score: 8)**

S.No	Questions	Response	Score
1.	Did you receive tablets for fever , cough, diarrhea from ANM or ASHA?	Everyone: 2	
		Some people: 1	
		None: 0	
2.	Do TB patients in your village are receiving regular medication from ANM or ASHA?	Everyone: 2	
		Some people: 1	
		None: 0	
3.	Do you regularly get anti malarial tablet from ANM or MPW?	Everyone: 2	
		Some people: 1	
		None: 0	
4.	Did ANM or ASHA referred someone to PHC or CHC for serious illness?	Everyone: 2	
		Some people: 1	
		None: 0	
	Total		

**Untied Fund (Maximum Score: 8)**

S.No	Questions	Response	Score
1.	Are you aware that Rs 10000/- is allotted to your VHSC as an untied fund?	Everyone: 2	
		Some people: 1	
		None: 0	
2.	Do you get transportation allowance from the untied fund for referring serious patients to the PHC/ CHC?	Everyone: 2	
		Some people: 1	
		None: 0	
3.	Do you regularly get medicine for simple illnesses at the village level from ASHA?	Everyone: 2	
		Some people: 1	
		None: 0	
4.	Has there been any awareness drive by VHSC in last three months?	Everyone: 2	
		Some people: 1	
		None: 0	
	Total		



**Activity IIa. Group discussion with women of general village community**

- ✓ In the discussion around 10 to 15 women from the dominant village community should be present.
- ✓ This meeting should be facilitated by the woman representative of the VHSC.
- ✓ After an initial round of introduction, the participants should be made aware about various entitlements that NRHM has promised especially in the context of the maternal and child health.
- ✓ After describing the objective of the meeting, explain about the process of the community monitoring. Explain to the participants that meeting like this one, is first in the chain of interactions that VHSC would be doing with the local community in the process of the community based monitoring.
- ✓ Questions regarding child health, ASHA functioning, quality of care, adverse outcomes and any other key issues of concern surrounding maternal and child health should be asked. The questions are given below in the format. Please conduct the group discussion around the issues mentioned in the format. During the meeting the responses can be recorded in a notebook.
- ✓ Conclude the meeting by mentioning that some more investigative activities will be conducted in the village and the results will be shared in a village meeting
- ✓ Once the meeting is over the responses should be recorded in the format and each response is scored. The corresponding score has to be written in the column named 'Score'. Tally the scores.

Note: The questions for the group discussions with women of the general village community and marginalized communities are the same. The reason for having two group discussions for the same issues is to find out if there is a difference in perception and service delivery among the two groups. The information gathered will also be used to develop an equity index in the score card.

**Activity IIb. Group discussion with Women of Marginalized Communities**

- ✓ In the discussion around 10 to 15 women from the marginalized community of the village should be present.
- ✓ This meeting should be facilitated by the woman representative of the VHSC.
- ✓ After an initial round of introduction, the participants should be made aware about various entitlements that NRHM has promised especially in the context of the maternal and child health.
- ✓ After describing the objective of the meeting, explain about the process of the community monitoring. Explain to the participants that meeting like this one, is first in the chain of interactions that VHSC would be doing with the local community in the process of the community based monitoring.
- ✓ Questions regarding child health, ASHA functioning, quality of care, adverse outcomes and any other key issues of concern surrounding maternal and child health should be asked. The questions are given below in the format. Please conduct the group discussion around the issues mentioned in the format. During the meeting the responses can be recorded in a notebook.
- ✓ Conclude the meeting by mentioning that some more investigative activities will be conducted in the village and the results will be shared in a village meeting
- ✓ Once the meeting is over the responses should be recorded in the format and each response is scored. The corresponding score has to be written in the column named 'Score'. Tally the scores.



**Child health (Maximum Score: 10)**

S.No	Questions	Response	Score
1	Does the ANM regularly visit your village for immunization?	Yes: 2	
		Irregular: 1	
		No: 0	
2	When was the last immunization done?	< 1 month: 2	
		Between 1 to 3 months: 1	
		> 3 months ago: 0	
3	Apart from Polio drops is there any injection given on the arm?	Yes regularly: 2	
		Yes sometimes: 1	
		No: 0	
4	Does the AWW inform parents if their children are underweight or malnourished?	Regularly: 2	
		Sometimes to some parents: 1	
		No: 0	
5	Does the AWW give advice about diet and extra food for malnourished children?	Regularly: 2	
		Sometimes to some parents: 1	
		No: 0	
	Total		

**ASHA functioning ( Maximum Score: 8)**

S.No	Questions	Response	Score
1	Does the ASHA provide advice to pregnant women	Yes: 2	
		Irregular: 1	
		No: 0	
2	Does the ASHA accompany women for delivery to hospitals	Yes: 2	
		Irregular: 1	
		No: 0	
3	Does the ASHA organize monthly health day for immunization and other health services	Yes: 2	
		Irregular: 1	
		No: 0	
4	Does the ASHA provide medicines for ordinary problems	Yes: 2	
		Irregular: 1	
		No: 0	
Total			



**Quality of Care ( Maximum Score: 12)**

S.No	Questions	Response	Score
1	Are you satisfied with the behaviour of the ANM?	Very Good: 3	
		Okay: 1	
		Bad: 0	
2	Are you satisfied with the behaviour of the Nurse of the PHC?	Very Good: 3	
		Okay: 1	
		Bad: 0	
3	Are you satisfied with the behaviour of the Doctor at the PHC?	Very Good: 3	
		Okay: 1	
		Bad: 0	
4	Are you satisfied with the services available at the PHC?	Very Good: 3	
		Okay: 1	
		Bad: 0	
Total			

**Adverse outcome (Maximum Score: 0)**

S.No	Questions	Response	Score
1.	Maternal death (death within 6 weeks of delivery)	Yes: -1	
		No: 0	
2.	Heavy Bleeding – (during labour or soon after delivery)	Yes: -1	
		No: 0	
3.	High fever soon after delivery	Yes: -1	
		No: 0	
4.	Prolonged labor ( more than one whole day)	Yes: -1	
		No: 0	
5.	Neo natal death ( death within week of delivery)	Yes: -1	
		No: 0	
6.	Infant death ( death within a month of delivery)	Yes: -1	
		No: 0	
7.	Still birth	Yes: -1	
		No: 0	
8.	Any other – specify	Yes: -1	
		No: 0	
	Total		

Key issues of Concern around Maternal and Child Health

Maternal Health

- 1.
- 2.
- 3.

Child Health

- 1.
- 2.
- 3.

Any other concerns?



**Activity III. Interview with Beneficiary**

- ✓ The list of the beneficiaries can be gathered in the course of the group discussions.
- ✓ The beneficiaries are women who have delivered in the last three months, whether in an institution or at home. The beneficiaries can be selected from both near and remote areas.
- ✓ The beneficiary should be made aware about various entitlements that NRHM has promised especially in the context of the maternal and child health.
- ✓ After describing the objective of the interview, explain about the process of the community monitoring. Explain that interview like this one, is first in the chain of interactions that VHSC would be doing with the local community in the process of the community based monitoring.
- ✓ Questions regarding maternal health guarantees, janani suraksha yojana, adverse outcomes and adverse experiences should be asked. The questions are given below in the format. Please conduct the interview around the issues mentioned in the format. During the meeting the responses can be recorded in a notebook.
- ✓ Conclude the interview by mentioning that some more investigative activities will be conducted in the village and the results will be shared in a village meeting
- ✓ Once the interview is over the responses should be recorded in the format and each response is scored. The corresponding score has to be written in the column named 'Score'. Tally the scores.

**Maternal Health Guarantees (Maximum Score: 10)****Janani Suraksha Yojana (Maximum Score: 8)**

S.No	Questions	Response	Score
1.	Did ANM register your name after pregnancy was confirmed?	Yes: 1 No: 0	
2.	Did ANM examine your BP and abdomen at least four times prior to your delivery?	Yes: 1 No: 0	
3.	Did ANM give you red tablets?	Yes: 1 No: 0	
4.	Apart from red tablets was there any other tablet given to you?	Yes: 1 No: 0	
5.	Did ANM give you a TT injection?	Yes: 1 No: 0	
6.	Did ANM examine your blood and urine?	Yes: 1 No: 0	
7.	Has ANM referred you to PHC or CHC for delivery?	Yes: 1 No: 0	
8.	Has TBA or ASHA attended you for a home delivery? (Applicable for home deliveries)	Yes: 1 No: 0	
9.	Has ANM visited you at least once after your delivery?	Yes: 1 No: 0	
10.	Did you receive regular diet from AWW?	Yes: 1 No: 0	
<b>Total</b>			



S.No	Questions	Response	Score
1.	Did you have institutional delivery?	Yes: 1	
		No: 0	
2.	Did the ASHA accompany you?	Yes: 1	
		No: 0	
3.	Have you received allowance of Rs. 1400/- after delivery in PHC or CHC? ( applicable if delivery is institutional)	Full: 3	
		Partial: 1	
		Nil: 0	
4.	If you had home delivery did you receive 500/- ?	Full: 3	
		Partial: 1	
		Nil: 0	
5.	Did you have to pay any amount to ANM or in the PHC/ CHC to get this allowance?	Yes: -2	
		No: 0	
6.	Did you face any harassment in getting the money?	Yes: -2	
		No: 0	
	Total		

**Adverse outcome (Maximum Score: 0)**

S.No	Questions	Response	Score
1.	Maternal death (death within 6 weeks of delivery)	Yes: -1	
		No: 0	
2.	Heavy Bleeding – (during labour or soon after delivery)	Yes: -1	
		No: 0	
3.	High fever soon after delivery	Yes: -1	
		No: 0	
4.	Prolonged labor ( more than one whole day)	Yes: -1	
		No: 0	
5.	Neo natal death ( death within week of delivery)	Yes: -1	
		No: 0	
6.	Infant death ( death within a month of delivery)	Yes: -1	
		No: 0	
7.	Still birth	Yes: -1	
		No: 0	
8.	Any other – specify	Yes: -1	
		No: 0	
	<b>Total</b>		



**Any adverse experience or denial of service (Maximum Score: 0)**

S.No	Questions	Response	Score
1.	Refused treatment at a government health centre	Yes: -1	
		No: 0	
2.	Referred without providing referral sheet or ambulance support	Yes: -1	
		No: 0	
3.	Abusive behaviour of staff at government hospital	Yes: -1	
		No: 0	
4.	Health provider asked for money	Yes: -1	
		No: 0	
5.	Any other, specify	Yes: -1	
		No: 0	
	Total		

**if there is a life threatening adverse outcome or a grievous denial of service please record the details.**

**Activity IV. Documentation of testimony of denial of health care**

Name of patient-

Age-

Sex-

Address-

Date of interview -

Details of care received at PHC / Hospital

- Location of the PHC / Location and type of Hospital -
- Illness / complaints for which PHC / Hospital was visited -
- Total Number of visits to PHC / Hospital for this illness -
- Date of last visit -

1. History of last visit in the patients / attendants words -

(Here we want to collect information regarding the main symptoms of the patient, who gave care and what kinds of examination, investigation and treatment were given)

- What were the perceived shortcomings or deficiencies in care? (As perceived by the patient or attendants)

- According to patient, was there any **adverse outcome** because of deficient care? (Death, disability, continued or chronic health problem, severe financial loss e.g. major loan or sale of assets)

## 2. Medical attention received:

- Name of the doctor who attended to you –
- If the doctor was not available at that time, then who attended to you -
  1. Nurse / ANM
  2. MPW
  3. Pharmacist
  4. Any other person, specify
- How long after you reached the PHC / Hospital did the Medical Officer / Doctor attend to you?
- Was examination / treatment / operation delayed or denied because of non-availability of a nurse, doctor or specialist?
- In case of an emergency did the doctor immediately attend to the patient? During hospital stay, regarding conditions that required immediate care, was the doctor available to immediately attend to the patient?
- Were nurses or hospital staff available to attend to the patient as and when required?
- Do you think that non-availability of any crucial equipment or supply (oxygen, incubator, anaesthetic equipment, blood, emergency drugs etc.) adversely affected the quality of care?
- Were all the equipments required for the examination and treatment of the patient available in working condition in the hospital?

## Diagnosis- (as told by the doctor)

## 3. Medicines:

- Did you get all the required medicines at the PHC / Hospital?
- Did you have to go to any private medical shop to buy some medicines?
- If so, which medicines you had to buy from private medical shop?
- How much did it cost?
- Do you have the prescription? (If yes, obtain a Xerox of the same and attach)



**4. Expenditure:**

- Case paper / card made - yes/no
- Case paper fee / indoor fees charged
- Did you receive a receipt for the payment made?
- Were you charged excess money at the PHC / Hospital (more than specified rates)?
- If yes, how much excess was charged?
- Did your family have to sell assets (land, cattle, jewelry etc.) or take loans to pay for treatment in the Govt. hospital?

**5. Referral:**

- Was the patient refused admission or referred to another hospital without giving first aid care?
- If the patient was referred, was ambulance or other vehicle made available for the same?
- Did the Govt. doctor ask you to avail of any private services (e.g. laboratory services, Sonography / X ray) while you were admitted in the Govt. hospital?
- In case you had to take the patient to a private hospital, which hospital? (Name and address of the hospital)
- What was the total expenditure on care at the private hospital / private lab or imaging centre?
- Did your family have to sell any assets (land, cattle, jewelry etc.) or take loans to pay for the private hospital charges?

**Activity V. Interview with ASHA**

- ✓ The ASHA appointed for the village should be contacted and a suitable time should be taken from her for the interview.
- ✓ After describing the objective of the interview, explain about the process of the community monitoring. Explain that interview like this one, is first in the chain of interactions that VHSC would be doing with the local community in the process of the community based monitoring.
- ✓ Questions regarding her role and coordination with AWW and ANM should be asked. The questions are given below in the format. Please conduct the interview around the issues mentioned in the format. During the meeting the responses can be recorded in a notebook.
- ✓ Conclude the interview by mentioning that some more investigative activities will be conducted in the village and the results will be shared in a village meeting
- ✓ Once the interview is over the responses should be recorded in the format and each response is scored. The corresponding score has to be written in the column named 'Score'. Tally the scores. If there are problems faced due to lack of support from Health system then subtract 1 point for each problem faced – maximum subtract 3.
- ✓ At the end of the interview, the score of each question has to be added and written at the end of each format.

**ASHA Interview (Maximum Score: 12)**

Interview (Maximum Score: 12)			
S.No	Questions	Response	Score
1	In collaboration with AWW have you organised a Health day during last three months?	Yes: 1	
		No: 0	
2	Has the ANM or other resource person conducted any refresher training of ASHA in last three months?	Yes: 1	
		No: 0	
3	Do you provide advice to pregnant women about institutional delivery	Yes: 1	
		No: 0	
4	Did you go with the women in any of the cases?	All: 2	
		Some: 1	
		None: 0	
5	Have you referred persons to the PHC/ CHC in the last three months?	Yes: 1	
		No: 0	
6	Have all the person you have referred been attended properly at the PHC/ CHC?	All: 2	
		Some: 1	
		None: 0	
7	Have you received financial incentives according to norms	Yes fully: 2	
		Yes partially: 1	
		None: 0	
8	Have you faced any problems in getting financial incentives	No: 2	
		Some times: 1	
		Yes many times: 0	
Total			



What are the problems you are facing

- 1.
- 2.
- 3.

### **Facility Level Activities**

- As mentioned in Table 2, the provider and facility level inputs will be gathered by means of interviews and facility level checklist.
- Village Level: Subcentre observation (using checklist)  
PHC Level: PHC observation (using checklist)  
5 Exit interviews  
1 interview with MO  
CHC Level: CHC observation (using checklist)  
5 Exit interviews  
1 interview with MO

### **I. Observation**

- For the observation the checklist format has to be filled. The checklist for subcentre, PHC and CHC is given below.
- Each item in the checklist that is present at the facility will get a score of 1. At the end of each category (infrastructure and personnel, equipments and supplies, service availability), the scores have to be added and the sum should be written at the end of the score column.

**Facility Checklist – SubCentre**

Name of Subcentre -

Name of the Village –

Block -

District -

Please fill this form through direct observation and through interview with staff

Total number of hamlets served-
Total Population-
Distance from the nearest hamlet –
Distance from the PHC –

Infrastructure and Personnel	Present	Score
MPW ( F) posted		
MPW ( F) stays in the subcentre or within 1km		
MPW (M) posted		
MPW (M) stays in the subcentre or within 1km		
SC is located in its own premises		
Building is in good repair		
SC has regular water supply		
SC has a functional toilet		
<b>Subtotal 1</b>		

Equipment and Supplies	Present	Score
Table - 1		
Chairs - 2		
Examinable table/IUCD table with foam mattress - 1		
Torch with cell		
IUCD Kit		
Delivery Kit		
Functional Stove		
Tub, Mug		
Covered container for waste disposal		
Apron		
Non electric Autoclave		
Instrument sterilizer/boiler		



Gloves		
Cu T		
Nirodh		
Oral Pills		
IFA large/small		
Bleaching powder		
Cotton wool		
Soap and detergent		
Subtotal 2		

Service Availability	Present	Score
ANC services are available at the SC		
Delivery services are available at the SC		
Referral slips for difficult delivery is provided by the SC		
Immunisation for children are available at the SC		
Treatment for ARI is available at the SC		
Treatment for AGE is available at the SC		
Referral for RT is available at the SC		
Conventional Contraceptives are available at the SC		
IUD insertion services are available at the SC		
Subtotal 4		



**Facility Checklist – Primary Health Centre**

Name of the PHC:

Block:

District:

Please fill this form through direct observation and through interview with staff

Total number of subcentres under the PHC
Total number of villages covered by the PHC
Distance (in Km) between PHC and CHC/ Referral Hospital

Infrastructure and Personnel	Present	Score
There is regular public transport available to come upto the PHC		
There is an all weather road leading upto the PHC		
PHC is functioning in a Government building		
Ambulance is in working order		
The Building of the PHC is reasonably well maintained		
There is regular water supply at the PHC		
There is regular electric supply or working back up generator		
There are functioning toilets in the PHC		
There is a working telephone in the PHC		
All Female HW posted and present		
All Male HW posted and present		
Medical officers posted and present		
Female doctor posted in the PHC		
PHN posted and present		
Pharmacist posted and present		
There is a functioning laboratory		
Six beds in working condition		
Staff quarters are available for paramedical staff		
Staff quarters are used by paramedical staff		
Staff quarters are available for Medical Officer		
Staff quarters are used by Medical Officer		
Subtotal 1		



Equipment and Supplies	Present	Score
Vaccine Carrier		
B.P. Instrument		
Auto-Clave/ Steriliser		
MTP Suction Aspirator.		
Labor Room Equipment		
IUD insertion kit		
Normal delivery kit		
Em OC drugs		
Measles vaccine		
ORS packets		
Mounted Lamp		
Lubricated Nirodh stock		
OC pills stock		
IUDs stock		
Tubal rings stock		
Iron Folic Acid stock		
Subtotal 2		

Service Availability	Present	Score
Is the primary management of wounds done at the PHC?		
Are minor surgeries like draining of abscess etc. done at the PHC?		
Is the primary management of burns done at the PHC		
Are antenatal clinics organized by the PHC regularly		
Is the facility for normal delivery available in the PHC for 24 hours		
Is the blood examination for anemia done at the PHC		
Is the urine examination for pregnant women done at the PHC		
Is the facility for internal examination for gynecological conditions available at the PHC		
Is the treatment for gynecological disorders like leucorrhoea, menstrual disorders available at the PHC		
Is the facility for MTP (abortion) available at the PHC?		
Subtotal 3		



**Facility Checklist – Community Health Centre**

Name of the CHC:

Block:

District:

Please fill this form through direct observation and through interview with staff

Total number of PHC under the CHC
Total number of villages covered by the CHC
Is this CHC designated as an FRU?
Distance of the CHC from the nearest town?

Infrastructure and Personnel	Present	Score
There is regular public transport available to come upto the CHC		
There is an all weather road leading upto the CHC		
Ambulance is in working order		
The Building of the CHC is reasonably well maintained		
There is regular water supply at the CHC		
There is regular electric supply or working back up generator		
There are functioning toilets in the OPD		
There are functioning toilets in the wards		
There is a working telephone in the PHC		
There are a total of 30 beds in the wards		
There is a labour room with delivery table		
Operation theater for major surgery		
Minor OT		
Laboratory		
Obsterician/ Gynaecologist posted and present		
Anaesthetist posted and present		
Surgeon posted and present		
Laboratory technician posted and present		
Female doctor posted and present		
Medical Officers/ Specialists stay on the campus		
Subtotal 1		

Equipment and Supplies	Present	Score
Boyles Apparatus in working condition		
Filled Oxygen cylinder present		
Shadowless lamp present		
Emergency Obstetric drug kit		



Standard Surgical kit		
New Born care kit		
Labour room kit		
RTI/ STI lab kit		
IUD insertion kit		
Tubal rings		
Subtotal 2		

Service Availability	Present	Score
Does the OPD function daily at the designated time		
Are round the clock emergency service available		
Are there patients admitted into the wards at this time who were admitted as an emergency		
Does the CHC provide 24 hour Emergency Obstetric Care services		
Are Caesarian sections conducted in the CHC		
Are MTP services provided at the CHC		
Are infants needing critical care for illnesses such as pneumonia, diarrhoea treated at the CHC		
Does the CHC provide services for Reproductive Tract Infections (RTIs)?		
Subtotal 3		



**II. Exit interview**

- The exit interview is taken from those persons who are coming out of the health centre after being seen by the doctor for their problem.
- After describing the objective of the interview, explain about the process of the community monitoring. Explain that interview like this one, is first in the chain of interactions that VHSC would be doing with the local community in the process of the community based monitoring.
- A total of five exit interviews have to be conducted at each level (PHC/CHC). The format of the exit interview is given below.
- The response to each question is scored. The corresponding score has to be written in the column named 'Score'. At the end of the interview the scores of each issue have to be added separately and the sum should be written at the end of the column 'Score'.

Name of the PHC/ CHC:

Village name:

**Unofficial Charges (Maximum Score: 5)**

S.No	Questions	Response	Score
1	Have you been provided free medicines from the hospital ?	Yes: 1	
		No: 0	
2	Have you been asked for any money by the doctor , nurse or other staff other than fee for parchi	Yes: -1	
		No: 1	
3	Have you been asked to conduct any tests from outside?	Yes: 0	
		No: 1	
4	Have you been asked to buy any medicines from outside?	Yes: 0	
		No: 1	
5	Have you been asked to go to any outside doctor or in private?	Yes: 0	
		No: 1	
	<b>Total</b>		

**Quality of Care (Maximum Score: 7)**

S.No	Questions	Response	Score
1	How long did you have to wait for the doctor to see you?	Did not take much time: 2	
		Took some time: 1	
		Took a long time: 0	
2	Are you satisfied by the examination and check-up done by the doctor?	Yes: 2	
		Somewhat: 1	
		No: 0	
3	How did the doctor and other staff behave with you ?	Politely: 2	
		okay: 1	
		rudely or roughly: 0	
4	Did you find the hospital neat and clean?	Yes: 1	
		No: 0	
	<b>Total</b>		



**III. Interview with PHC/ CHC Medical Officer (MO)**

- One interview should be taken of the MO posted in the PHC/CHC.
- After describing the objective of the interview, explain about the process of the community monitoring. Explain that interview like this one, is first in the chain of interactions that VHSC would be doing with the local community in the process of the community based monitoring.
- The format of the interview is given below.
- Not all the questions are scored but for the questions that are scored, the corresponding score has to be written in the column named 'Score'. At the end of the interview the scores of each issue have to be added separately and the sum should be written at the end of the column 'Score'.

1. Ask the MO about the infrastructure, personnel, equipment and supplies and services offered and score accordingly.
2. Ask the Medical Officer about the Functioning of the Rogi Kalyan Samiti

S.No	Questions	Response	Score
1	Does your facility have a Rogi Kalyan Samiti?	Yes: 1	
		No: 0	
2	How many times has the RKS met since it was formed?	Yes (< 3 times in 1 yr): 1	
		No: 0	
3	Does your facility have a patient charter? (check)	Yes: 1	
		No: 0	
4	When did the last meeting of the Rogi Kalyan Samiti take place?	Yes (within last 3 mths): 1	
		No: 0	
5	Have you discussed the patient charter in any of your RKS meetings?	Yes: 1	
		No: 0	
6	Do you have a mechanism to collect feedback from the patients/ community? (check)	Yes: 1	
		No: 0	
7	Has any feedback been collected and discussed at RKS?	Yes: 1	
		No: 0	
8	What have been the important decisions taken at the RKS about the functioning of the hospital?	(1 point for each)	
	<b>Total</b>		

9	<b>Expenditure related to RKS funds</b>
---	---

10	Step taken for patient welfare
11	Step taken for grievance redressal of patients



## Compiling Village and Facility Level Score Cards

### Collation of the data in the Village Report Card

- ☞ The village report card consists of the issue and their status by means of color code. Green suggests good performing village, yellow suggests there is a cause for concern and Red suggests that the village is performing bad.

#### Calculation

- ☞ To arrive at the color code for each issue, a series of simple calculations are done.
- ☞ The **maternal health guarantees** issue is derived from the interview with the beneficiary. So the number of women interviewed multiplied by 10 (maximum score for this issue) gives us the denominator against which the total score of the responses will be compared. If the total score is more than or equal to 75 percent then the color code is green; if the total score is between 50 to 74 percent then the color code is yellow and if the total score is below 50 percent then the color code is red for the village.
- ☞ The **Janani Suraksha Yojna** issue is also derived from the interview with the beneficiary. So again the calculations are similar. The number of women interviewed multiplied by 8 (maximum score for this issue) gives us the denominator against which the total score of the responses will be compared. If the total score is more than or equal to 75 percent then the color code is green; if the total score is between 50 to 74 percent then the color code is yellow and if the total score is below 50 percent then the color code is red for the village.
- ☞ The questions relating to **child health** were asked in the group discussions with women/marginalized communities. The maximum score is 20. If the total score of the responses is between 16 and 20 then the color code is green, if the total score is between 10 and 15 then the color code is yellow and if the total score is between 0 and 9 then the color code is red for the village.
- ☞ The **disease surveillance, curative services and untied fund** issue was taken up in the group discussions with the community members. The maximum score is 8 for each issue. If the total score of the responses for each issue is 7 or 8 then the color code is green, if the total score is 5 or 6 then the color code is yellow and if the total score is between 0 to 4 then the color code is red for the village.
- ☞ **Quality of care and the community perceptions of ASHA** issue was taken up in the group discussions with women/marginalized communities. The maximum score is 24 for quality of care. If the total score of the responses is between 19 and 24 then the color code is green, if the total score is between 12 and 18 then the color code is yellow and if the total score is 0 and 11 then the color code is red for the village.

The maximum score is 16 for community perceptions about ASHA. If the total score of the responses for each issue is between 13 and 16 then the color code is green, if the total score is between 8 and 12 then the color code is yellow and if the total score is between 0 and 7 then the color code is red for the village.
- ☞ The questioning on the **functioning of ASHA** were asked in the interview with ASHA. The maximum score is 12. If the total score of the responses for each issue is between 10 and 12 then the color code is green, if the total score is between 6 and 9 then the color code is yellow and if the total score is between 0 and 5 then the color code is red for the village.



- ☞ The **adverse outcome/experience** is just counted in all the forms and the number written in the report card. There is no color coding.
- ☞ The issues of concern are also listed out in the report card from the forms.

S.No.	Issue	Calculation	Interpretation
1.	Maternal Health Guarantees	Number of women * 10 = N	≥ 75% of N → Green 50-74% of N → Yellow Below 50% → Red
2.	Janani Suraksha Yojna	Number of women * 8 = N ( be careful about the negative scores)	≥ 75% of N → Green 50-74% of N → Yellow Below 50% → Red
3.	Child Health	Total Score - 20	16 - 20 → Green 10 - 15 → Yellow 0 - 9 → Red
4.	Disease Surveillance	Total Score - 8	7 - 8 → Green 5 - 6 → Yellow 0 - 4 → Red
5.	Curative Services	Total Score - 8	7 - 8 → Green 5 - 6 → Yellow 0 - 4 → Red
6.	United funds	Total Score - 8	7 - 8 → Green 5 - 6 → Yellow 0 - 4 → Red
7.	Quality of Care	Total Score - 24	19 - 24 → Green 12 - 18 → Yellow 0 - 11 → Red
8.	Community perceptions of ASHA	Total Score - 16	13 - 16 → Green 8 - 12 → Yellow 0 - 7 → Red
9.	ASHA functioning	Total Score - 12	10 - 12 → Green 6 - 9 → Yellow 0 - 5 → Red
10.	Equity Index	(Total score general community women)/ (Total score marginalized community women)	< 1 Favourable to marginalized group 1 No difference > 1 Unfavourable to marginalized group
11.	Adverse Outcome or experience reports	Total Score -	



## Issues of Concern

## Maternal Health

- 1.
- 2.
- 3.

## Child Health

- 1.
- 2.
- 3.

## Cumulative Village Report Card

- After the village report cards have been formed for each village, they are collated by the PHC, block and district level monitoring and planning committees.
- So according to the color code for each issue in each of the village health report card, the greens, yellows and reds are added at each level.

Name of PHC/Block/District - \_\_\_\_\_

Issue	No of Villages - Green	No of Villages Yellow	No of Villages Red
Maternal Health Guarantees			
Janani Suraksha Yojna			
Child Health			
Disease Surveillance			
Curative Services			
United funds			
Quality of Care			
ASHA community perceptions			
Asha functioning			
Adverse Outcome or experience reports			



**FACILITY SCORE CARD**

- The facility score card is a snapshot of the status of the health facility in the village/block /district. The color codes display the facility's level of performance. Green stands for good performance, Yellow stands for Cause for concern and Red stands for poor performance.
- For the infrastructure and Personnel, Equipment and Supplies and service availability issue, the observation checklist is used. The percentage of the sum of the scores is taken for each issue. If the score percentage is more than 75 percent of the maximum score then the color code is green; if it is between 50 to 74 percent then it is yellow and if it is below 50 percent it is red.
- For the unofficial charges issue, the scores of all the five exit interviews at each level is added. If the sum of the scores is more than 19 then the color code is green; if it is between 13-18 it is yellow and if it is 12 and below then it is red.
- For the quality of care issue, the scores of all the five exit interviews at each level is added. If the sum of the scores is more than 28 then the color code is green; if it is between 18 and 28 it is yellow and if it is below 18 then it is red.
- For the functioning of RKS issue, the scores of the interview is added. If the total score is more than 7 then the color code is green; if it is between 5 and 7 it is yellow and if it is below 5 then it is red.

Name of the Facility:

Block:

District:

Issue	Calculation	Interpretation
Infrastructure and Personnel	N=Maximum Score	75% of N = Green 50% of N = Yellow Below 50% = Red
Equipment and Supplies	N=Maximum Score	75% of N = Green 50% of N = Yellow Below 50% = Red
Service Availability	N=Maximum Score	75% of N = Green 50% of N = Yellow Below 50% = Red
Unofficial charges	Add points of all the persons interviewed ( max 25)	≥19 – Green 13 – 18 = Yellow ≤ 12 = Red
Quality of Care	Add points of all the persons interview ( max 35)	>28 = Green 18 – 28 = Yellow Below 18 = Red
Functioning of Rogi Kalyan Samiti	Total Points scored	>7 = Green 5- 7 = Yellow Below 5 = Red



**Cumulative FACILITY SCORE CARD**

- After the facility score cards have been formed for each facility, they are collated by the PHC, block and district level monitoring and planning committees.
- So according to the color code for each issue in each of the facility score card, the greens, yellows and reds are added at each level.

Type of Facility – SC/ PHC/ CHC

Name of PHC / Block / District

Issue	No of Villages - Green	No of Villages Yellow	No of Villages Red
Infrastructure and Personnel			
Equipment and Supplies			
Service Availability			
Unofficial charges			
Quality of Care			
Functioning of Rogi Kalyan Samiti			

## BACKGROUND INFORMATION

Name of district: \_\_\_\_\_

BLOCK	PHC	VILLAGE	VHSC y/n	Are you working in the village?	Do you have good rapport in village?	Do you have a cadre living in the village? If Yes Name?	Panchayat cooperative / rapport?	Comments
3)	1)	1)						
		2)						
		3)						
		4)						
		5)						
	2)	1)						
		2)						
		3)						
		4)						
		5)						
	3)	1)						
		2)						
		3)						
		4)						
		5)						



## BACKGROUND INFORMATION (NGOs, Officials, PRIs)

Name of district: \_\_\_\_\_

S.No	ISSUE	SPECIFIC ISSUE	ANSWER	COMMENTS
1.	Partners	How many NGOs / CBOs are involved in your dist. in project?		
		Names		
2.	Govt. Officials	Are you in touch with the government officials at Dist. level? Are they Cooperative? - DD - JD - Proj. Officer & other		
3.	PRI representatives	Are you in touch with the PRI representatives in the block/dist? Will they be cooperative?		