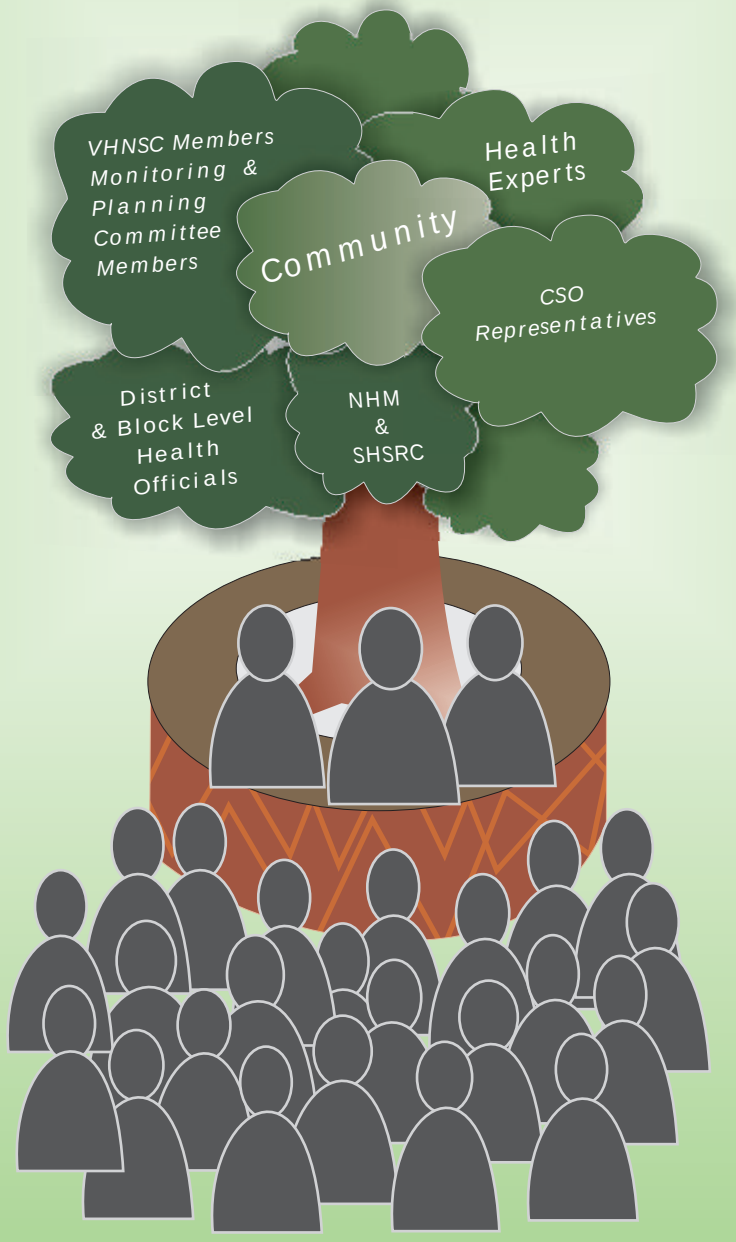
Yes.. 'Decentralized Health Planning' is possible..!

The process of conversion of key community health demands into budget proposals in Gadchiroli district of Maharashtra

Decentralized health planning involves-

1. Community mobilization for identification of people's demands
2. Analysis and prioritization of demands
3. Developing appropriate strategies/ action plan to address those demands
4. Developing mechanisms to implement the action plan



SHSRC Maharashtra

Introduction

The Decentralized health planning is one of the core components of National Health Mission. This approach envisages bridging the gaps between peoples need and actual budget planning through appropriate needs assessment through community mobilization.

One of the important aspects of decentralized planning is incorporating community health demands in PIP or annual Budget plans. Several efforts/initiatives were taken in this regards under Community Based Monitoring and Planning (CBMP) process in Maharashtra.

However, the actual implementation of the decentralized health planning process has been weak in most states. Some of the key challenges faced by the states include,

(a) *Lack of participation of community in planning processes*

(b) *Weak capacities of district teams to facilitate the planning process*

(c) *Limited use of the Health Management Information System (HMIS) data to guide and prioritize interventions*

(d) *No assessment/ feedback on quality and feasibility of the district level plans*

(e) *Overemphasis on filling the budget template form*

(f) *Budgets seldom flows according to the district plan*

Hence we have decided to do focus intervention regarding Decentralized Health planning on pilot basis in Gadchiroli district of Maharashtra. The main objective of this intervention was to develop mechanisms which will help incorporating people's demands in to PIP/Annual Budget plan. SATHI has initiated the process along with State Health System Resource Centre (SHSRC) and local CBMP implementing organization- *"Amhi Amchya Arogyasathi*".

After conceptualization of proposed intervention in small team, the idea was shared and discussed with various state and district level officials such as Mission Director, National Health Mission, Maharashtra; Chief Executive officer, District health officer etc. Based on discussion, *two CBMP blocks of Gadchiroli (Kurkheda and Armori) and one non CBMP block (Korchi) has been proposed for this intervention.*

Following are the steps involved in the intervention process of decentralized planning-

1. Community mobilization for identification of people's demands
2. Analysis and prioritization of demands
3. Developing appropriate strategies/ action plan to address those demands
4. Developing mechanisms to implement the action plan

1. Community mobilization for identification of People's demands

People's demand identification process was under taken in three blocks (Armori, Kurkheda and Korchi) of Gadchiroli on pilot basis. Two blocks namely Kurkheda and Armori were selected where CBMP process is being implemented and also one non-CBMP block has been selected. From each of these blocks, 3 PHCs were selected and from each PHC two Sub centre villages were selected. *Thus in total 15 sub centre villages, 8 PHCs, 2 sub-district and 1 Community Health Centres were identified covered for demand identification process.*

The VHNSC members and CBMP committee members were involved in mobilization & ensuring participation of community in people's demands identification process. *A series of consultations were planned and carried out in each village* to understand people`s demands regarding various public services. The meetings were facilitated by volunteers from "Amhi Amchya Arogyasathi" and CBMP committee members. Minimum two such meetings were conducted in each selected village and around 60-100 people were participated in each meeting.

Thus total 499 demands regarding all public sectors such as Health, Education, Employment, Food security, Nutrition, Water and Sanitation and public transportation etc. were reported during the demand identification process, out of which around 146 demands were related to health.

2. Analysis and Prioritization of demands

All identified demands were shared with Chief Executive officer of Gadchiroli. Health related demands were analyzed. As the basic purpose of analysis was to find out appropriate way out towards the probable resolution for demands, all these demands were primarily categorized in to three main categories-

A. Resolution through budget/funds (issues which can be resolved through allocation of funds)

B. Resolution through existing system (where modification is required in existing system)

C. Resolution through CBMP process (issues which can be resolved through CBMP process)

Figure 1: Shows the proportion of the demands categorized in the mentioned three main categories. It shows that almost 60% health demands needed monetary assistance for the resolution. Whereas Remaining 19% and 21% health demands are related to modification require in exitings system and demands can be resolved through CBMP process respectively.

The detailed analysis report was shared with state & district level health officials.

Demands generated 15 villages from these blocks in Gadchiroli District

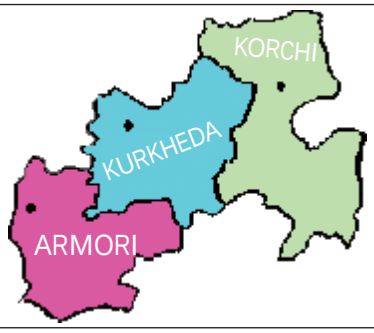
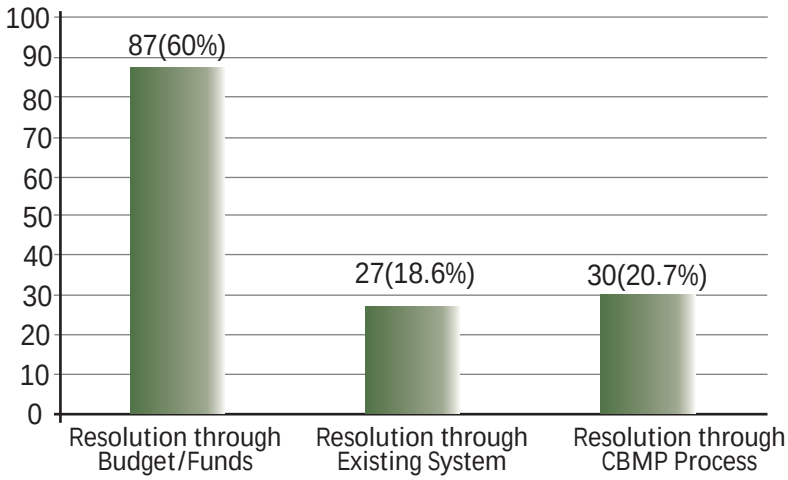


Figure 1- Demands as per main categorie



3. Developing appropriate strategies/ action plan to address those demands

Next step after classification of people's demands was to develop appropriate strategies for addressing these demands. Based on the main three categories the action plan has been devised with inpute from district level officials.

A. Resolution through budget/funds (issues which can be resolved through allocation of funds)

In order to address fund related demands a template has been prepared and shared with district officials (CEO, DHO, ADHO and DRCHO). This template comprised column for criteria for budget allocation for particular activity/demand, probable budget source and responsible person for developing budget proposals or for follow up.

Team from state (SHSRC Consultant, NHM CBMP PO, SATHI representatives) along with district level CBMP implementing organization had meeting with DRCHO and ADHO to discuss & develop action plan for resolution of these identified demands. Two rounds of discussion were conducted. In the first round, all demands were scrutinised on the basis of criteria such as whether demands are specific and appropriate or not?; Is demand resolution contributing in improving the Health Indicators?; how many people will be benefited? and funds are available or not etc. Based on this scrutiny, it was decided that the demands which are fitting in these criteria will be converted in to budget proposals and will be submitted for there approvals in appropriate forums such as District Planning and Development Committee and State NHM.

At the end 2 budget proposals were developed and submitted to District Planning and Development Committee (DPDC); 6 proposals were submitted to Tribal development department for availing Integrated Action Plan (IAP) Funds and 2 proposals were submitted to State National Health Mission for availing supplementary Program Implementation Plan (PIP) funds.

The list of submitted budget proposals is given in table 1 .

This whole exercise helped in understanding how demand can be converted in to budget proposal Secondly it helped in understanding what could be various sources of funds espically at district level.

Table 1		
No.	List of demands	Level at which proposals were submitted
1.	Provision of diet for the mothers delivering in Sub-Centre	Proposal has been developed and submitted to State NHM for inclusion in Supplementary PIP for the period 2015-16.
2.	Requirement of additional ASHAs & flexibilty in recruitment of ASHAs	In Gadchiroli around 1900 ASHA posts are required as per population norm especially in Gadchiroli tribal district. However currently only 1200 ASHA posts have been sanctioned and filled in. Hence proposal has been given to State NHM for relaxing the eligibility and performance related norms which are being applying while recruiting ASHA in Gadchiroli district.
3.	Construction of separate delivery room in Sub- Centre	Proposal has been developed and submitted to Tribal development Department for inclusion in Integrated Action Plan.
4.	Regular water supply to PHC and staff quarters	Proposal has been developed and submitted to District Planning and Development committee.

B. Resolution through existing System (where modification is required in existing system)

Most of the issues in this category are related to gaps in implementation of various health schemes, lack of quality of care and availability of services and facilities. Hence it was decided that these demands would be addressed by modifying or improving implementation of existing systems. Therefore it was suggested that district level health officials should take responsibility to communicate these issues to concerned block and local level health officials and staff in district level monthly meeting of medical officers. Since November 2015, two monthly meetings of MOs were conducted at district level where the demands were discussed and instructions were given to all medical officers.

Examples of demand which has been addressed in district level monthly meeting of MOs -

- The demand of availability of Commode facility in PHCs for ANC and physically challenged patients- This demand has been discussed in the monthly meeting and the instruction for building commode toilet in the 4 bedded rooms of PHC. Later on the letter has been issued from district level to concerned Medical officer.
- The demand of need for temporary staying arrangement in Maher Ghar for the relatives who are accompanying with patients- This demand has been communicated in monthly meeting as well as by issuing letter to all medical officers.
- The demand of regular visits to village by Health providers has been resolved by instructing concerned Medical officers for regular supervision over Health providers and orders also given to take appropriate actions on irregular staff.

C. Resolution through CBMP process (issues which can be resolved through CBMP process)

In this category, demands are mostly related to lack of quality of care, absentism in health providers, misbehaviour by health providers, delay in getting benefits of various schemes such as JSY, JSSK etc. In order to resolve these issues, the dialogue with health providers was essential. Hence in CBMP blocks demands which are related to health institutions were discussed in existing Monitoring and Planning committee and RKS meetings. Whereas in non CBMP block, the demands have been discussed in RKS committee. The village level demands which come under this category were discussed in VHNSC committee meeting. The whole intervention was facilitated by CBMP implementing organization. The examples of decisions taken in the Monitoring and Planning Committees are as follows-

- The demand of regular availability of supply of electricity to PHC has been discussed in the Monitoring and Planning committee meeting where the officer from Maharashtra State Electricity Board (MSEB) was also invited and he has assured to take immediate action of placing new DP in the PHC.
- The demand of ensuring regular visits to village by Health providers has been resolved by conducting dialogue between community; members of VHNSC and of community about village level Health Services were communicated to Health providers.

4. Developing mechanisms to implement the action plan

For successful implementation of the action plans which were derived from the step 3, district level and state level commitment and support was crucial and important. Hence it has been decided to identify a dedicated officer or agency at each level that would be responsible for operationalizing the action plan for each category.

- The issues which can be resolved through CBMP process, concerned CBMP committee members would be concerned authority for implementing the actionable and for taking appropriate follow-ups.
- For modification required in existing system and budget related demands, actionable would be further classified as district level and state level. For district level senior officer (ADHO or DRCHO) from DHO office would be nodal agency for operationalization of action plan. The process of proposal development, approval of budget proposals in appropriate forums such as Standing Health Committee at district level, District Planning and Development Committee meetings (DPDC), District Health Society meetings (PIP) and taking followup for the submitted proposals will be done by the district nodal officer.
- At state level SHSRC, NHM and SATHI would be implementing agencies for actionable. The demands for which state level follow up is needed, those will be consolidated and will be communicated to state. Additionally a meeting will be planned with state officials to discuss those demands in order to find out appropriate resolution for it.

Way forward

1) The intervention, challenges and learning will be shared with all concerned authorities at district, State and National level. A dissemination workshop will be planned to share the experiences and learning from the decentralised planning process.
2) In order to maintain the motivation and enthusiasm of community in decentralized health planning process especially in the context of Gadchiroli, there is need to take immediate action and continuous follow up at the state level for inclusion of submitted budget proposals.
3) Based on the learning from the pilot project, the expansion of this intervention in other blocks of Gadchiroli as well as in other districts of Maharashtra would be discussed with state level authorities.
4) Based on experience in Maharashtra, we hope that NHSRC would take forward Decentralized health planning process at national level and in other states of India.

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