

# Activating Jan Arogya Samitis, strengthening HWCs through community action

Report of pilot activities by SATHI in selected blocks during 2022-23



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# I.

## Background and scope of intervention

As a component of the Ayushman Bharat programme, Sub-health centres and Primary health centers (PHCs) are being converted into Health and Wellness Centres (HWCs) to provide comprehensive primary health care. Health departments had initiated the formation of Jan Arogya Samitis in 2019 to strengthen Health and Wellness Centres. However due to Covid, this program got disrupted and Jan Arogya Samitis could not be properly established in Maharashtra during 2020-21. As part of implementation of the National Health Mission in Maharashtra during 2022-23, one of the major activities has been to upgrade Sub-centres and Primary health centers into HWCs. Linked with this process of strengthening HWCs, the 2022-23 PIP on Community Action for Health (CAH) in Maharashtra planned for formation of Jan Arogya Samitis related to HWCs, along with basic orientation of these JAS. These basic activities under CAH focussed on formation of JAS in CAH areas located in 17 districts and 36 blocks across Maharashtra, which were conducted despite certain financial constraints during 2022-23.

Within this broader context of wider scale CAH activities, SATHI took further initiative and implemented intensive activities in a few selected rural and tribal blocks of Maharashtra, to regularly mentor Jan Arogya Samitis, ensuring their regular meetings and functioning, and facilitating social audits of Health and Wellness Centres (HWCs).



**The pilot intervention described in this report focusses on such mentoring and activation of Jan Arogya Samitis, developing HWC – Community interface, organising public dialogues linked with social audit and strengthening delivery of HWC services, involving selected 45 Sub-centres and 10 PHC/HWCs across three blocks of the state** (see table below for details). The purpose of this pilot has been to move beyond basic formation of JAS and to facilitate a ‘cycle of positive change’, which could provide direction for generalised activation of JAS across the state.

Key activities have included training of local health communicators, conducting regular visits by block coordinators to generate evidence about health services, and providing guidance to the field team to tackle challenges encountered at the community level. The project has aimed to address limited awareness about COVID-19 vaccinations, NCD services, and medicine information in rural, tribal, and semi-tribal areas. The goal of these interventions has been to ensure active people’s participation to support Health and Wellness Centres, while improving the capacity of stakeholders, and facilitating improved availability, access and quality of healthcare services to the community.

District	Block	PHCs (10)	Sub Centres (46)
Pune	Ambegaon	Adivare	Malin, Ahupe, Tirpad, Vachpe, Phulavade, Asane, Borghar
		Dimbhe	Pimpalgaon, Gangapur (Bk), Gangapur (Kh), Rajewadi, Kanse, Amondi, Shinoli
		Taleghar	Bhimashankar, Jambhori, Terungan, Kushire (Bk), Patan, Pokhari
	Bhor	Jogavadi	Alande, Harnas, Bhutonde
		Nasrapur	Karandi, Hatve (Bk), Shivre, Jambhali, Kelavade, Degav, Velu, Kapurhol, Kasurdi
		Bhongavali	Kikvi, Nhavi, Sarola
Nandurbar	Dhadgaon	Narmadanagar	Revanagar
		Bilgaon	Bilgaon, Genda, Chikhali, Savrya digar (Bhusha)
		Roshmal	Chichkhedi (Domkhedi), Keli (Nimgavhan), Roshmal
		Son	Kuktar, Son (Bk), Khadkya

## II.

# Key interventions by SATHI team: Preparation, training, coordination, information generation, convening diverse stakeholders, facilitation of field activities

### 1. Preparatory activities and meetings

SATHI team members conducted weekly review meetings with the field teams to support the better functioning of the Health and Wellness Centre (HWC) and Jan Arogya Samiti (JAS). The goal was to improve communication and coordination between the healthcare system's stakeholders and ensure that everyone was aware of the services and resources available to them. It was hoped that the quality of healthcare services provided could be improved by keeping everyone informed and engaged. As part of this process, Health communicators were selected in 45 sub-centres areas as local volunteers to activate JAS and strengthen HWCs.

### 2. Training and capacity building

This aimed to improve the stakeholders' capacity to engage with the healthcare system, towards demanding and supporting provide better quality healthcare services to the community. This was achieved by providing training on general health services, non-communicable disease (NCD) services, data collection tools, and basic COVID related information. Training was provided to health communicators for Jan Arogya Samiti formation and orientation.

### 3. Village and Primary Health Centre coordination

This intervention involved collecting institution-wise information through coordination with the Primary Health Centres and block-level officials. The purpose was to ensure that all stakeholders have access to accurate and up-to-date information, allowing for better communication and coordination between the various levels of the healthcare system. This intervention aimed to improve the overall functioning and efficiency of the healthcare system by providing a clear and reliable source of information.

### 4. Strategic use of information

Block coordinators conducted regular visits to all Health wellness centres to generate evidence about health services. This fed into the development of block-wise status reports on the situation of services currently provided by the Health and Wellness Centres (HWCs), and the status of Jan Arogya Samiti (JAS). The information collected was then provided to HWC medical officers to take action in collaboration with JAS. The aim of this intervention was to ensure that the information collected was easily accessible and understandable by all stakeholders involved in the healthcare system, which would then contribute to shared problem identification and communication between the stakeholders, ultimately resulting in improved healthcare services for the community.

### 5. Ensuring monthly meetings of JAS and their periodic visits to HWCs

After the intervention started, Health communicators actively facilitated the formation of Jan Arogya Samitis (JAS) at all Sub-centres and PHC Health and Wellness Centres (HWCs) within the first 2-3 months. Then regular meetings of JAS started being organised with involvement of CHO and Gram panchayat members of respective villages. This activated JAS began to take various actions and conducted visits to the Sub-centres to identify issues and improve their functioning. Regular visits by newly formed JAS and health communicators were facilitated, enabling them to engage with their Health and Wellness Centres, generating evidence about the status of health services and developing social momentum for improvements in services.

### 6. Organizing public dialogue events towards social audits for Health and Wellness Centres

After reviewing the records and conducting patient interviews, the team presented reports on the working of the PHCs and sub-centres in each of the three talukas. Based on this report, public dialogue events were organized to discuss various issues that were identified. organisation of public dialogue events in each block at cluster or block level. These dialogue events were attended by the Taluka Medical Officer, Primary Health Centre Medical Officers, Community Health Officers, ASHAs, ANMs and MPWs, members of Jan Arogya Samitis and VHSNCs, PRI members, and other stakeholders. Large number of issues related to

improving HCW functioning were raised, and many were resolved, during these Jan Samvads (Public dialogues) related to HWCs, which have been a step in direction of conducting social audits as laid down in national guidelines for HWCs.

### 7. Coordinating with Block and District level Health Officers

To strengthen the Jan Arogya Samitis, which are an emerging innovation in Maharashtra, the support of health authorities has been crucial. Without their approval and involvement, it would have been very difficult to enhance the effectiveness of these committees. Therefore, regular visits were made to Taluka and District level Health Officers to seek their active support. SATHI team communicated the need for increasing the participation of the villagers and Gram Panchayats in health promotion activities, as mandated by the Government circular on JAS.

Based on this range of processes, Jan Arogya Samitis at Sub-centre and PHC levels have been activated, and following activities were anchored by JAS in intervention areas.

Activities anchored by Jan Arogya Samitis in intervention areas	Total
JAS formed, mentored and made fully functional	46
Number of visits to Sub-centre HWCs by JAS members	295
Number of visits to PHC HWCs by JAS members	81
Number of patients to whom JAS provided guidance / counselling	3401

With the help of health communicators and JAS members, around 3400 patients and ordinary people have received guidance and counseling about immunization, and received assistance for accessing services at Sub-centres, Primary Health Centres (PHCs), and Rural Hospitals (RHs).

## III.

### Challenges initially identified related to functioning of Health and Wellness Centres

The process of information collection based on JAS visits to HWCs, discussion with various local stakeholders and users led to identification of key gaps and challenges related to these newly upgraded centres in many areas. These include issues concerning infrastructure, staffing and staff performance, provision of services, and availability of furniture and equipment.

#### I. Infrastructure Challenges:

Among the 46 sub-centres covered in Ambegaon, Bhor, and Dhadgaon blocks, 28 faced infrastructure issues, including the lack of buildings, and inadequate infrastructure for functioning effectively. Additionally, 24 sub-centres had problems like wall or roof leakages requiring major repairs, which can impact healthcare provision. The absence of staff quarters and toilet facilities in some centres further compounds the challenges for health workers. Only 14 out of 89 infrastructure-related issues could be resolved during these interventions. However, some progress was made in addressing leakages, ambulance availability, and temporary space allocation for sub-centres.

#### II. Staff Issues and Health service availability:

It was observed that sub-centres have high number of vacancies, which may be impacting their ability to function effectively. To improve the functioning of Health and Wellness Centres, the need emerged to address the issue of vacancies and ensure that all necessary staff is in place. Due to JAS follow up, vacant posts

A total of 57 issues related to service delivery were also raised during interventions, including inadequate ambulance availability, maternal and child health check-ups, and availability of internet or e-Sanjeevani service. Staff-related issues were the most frequent complaint, with a total of 34 such issues raised, including absenteeism, irregular OPD, inadequate communication with villagers, and unsatisfactory behavior of staff. The data highlights the importance of addressing staff and service availability issues to improve the overall quality of health care in these areas.

### III. Availability of furniture, equipment and supplies

The health facility information indicated largely adequate availability of furniture in all three locations (Ambegaon, Bhor, and Dhadgaon). However, there were 116 issues which were raised related to facilities and equipment, with common deficiencies related to electricity and water supply in many centres. Specific items like medical equipment and medicine racks were found not available in certain places. Challenges related to funding, water supply, and medicine shortages were also noted.

Overall, the baseline situation regarding HWCs revealed the need for comprehensive efforts to address infrastructure challenges, enhance healthcare services, improve availability and functioning of healthcare staff, and ensure presence of required furniture and equipment in HWCs in these blocks.

## IV.

### HWC impact: Initiatives taken by Jan Arogya Samitis to improve services of HWCs

The impact of JAS based community processes on functioning of various Sub-centre HWCs is quite significant, as outlined below:

1. **CHOs have started conducting OPD sessions more regularly in most Sub centres** (at least twice a week or more) as a result of community-based dialogue, leading to better availability of healthcare services for the people.
2. **Closed Sub-centres are now providing regular services**, which is a positive development. Follow up by Jan Arogya Samitis led to action being taken at various levels to ensure full functionality of such Sub-centres.
3. **Due to improved awareness regarding HWC facilities, service utilisation from HWCs especially regarding treatment of NCDs has improved.** Earlier HWC staff used to send patients to PHCs for testing of BP and blood sugar, now these basic tests are being done at the SC-HWC itself.
4. **Problems related to basic facilities such as water, electricity, and furniture have been addressed**

in many areas with help from JAS led community processes. These issues were raised at the local level and were resolved with the involvement of JAS, CHOs, Gram Panchayats, and electricity department.

5. **Lack of specific equipment and shortage of NCD medicines were also addressed** with impetus from community processes. These issues were discussed with PHC MO and THO, and attempts were made to streamline availability.
6. **Active involvement of JAS has helped initiate frequent dialogue, ensuring the regular working and responsiveness of Sub centre staff.** Routine monitoring by JAS and dialogue between communities, Gram panchayats, and the health system have thus improved the services by Sub centre staff in many areas.
7. **Overall, the JAS-led community processes have positively impacted the functioning of Sub centre-HWCs** by inducing improvement in availability of healthcare services, promoting resolution of issues related to basic facilities, and majorly increasing awareness among the people about the facilities and functioning of the Sub centres.

*These positive changes have been experienced across all pilot areas. Further details of initiatives and impacts in each of the intervention blocks are provided below.*

### Ambegaon block

#### Initiatives taken by Jan Arogya Samitis to address issues faced HWCs

- ▶ The Jan Arogya Samitis and Health Communicators in Ambegaon block have undertaken various initiatives to address the challenges faced by the Primary Health Centre - HWCs. They have ensured the regular distribution of NCD medicines, and medicines for other illnesses to all health facilities. Meetings involving key stakeholders like the Taluka Medical Officer, Sub-Centre CHO, ANM, and MPW have led to the establishment and active involvement of Jan Arogya Samitis in multiple locations, enhancing healthcare accessibility. Irregular attendance of medical officers was tackled through persistent follow-up, resulting in the appointment and presence of CHOs in various Health and Wellness Centres (HWCs) in the taluka.

- ▶ JAS members began health centre monitoring visits at the sub-centre level, which helped to identify and resolve several problems. HWCs in Ambegaon block previously had a shortage of medicines, now they receive regular supplies based on follow-up of Jan Arogya Samiti. Organisation of a joint meeting of Taluka Medical Officers, all Community Health Officers, ANMs and MPWs led to resolution of staff work schedule issues.
- ▶ JAS efforts have extended to addressing personnel shortages, utility supply issues, and vehicle provision, ensuring improvements in healthcare access. These

coordinated efforts have significantly enhanced the functionality of the Primary Health Centre - HWCs, ultimately benefiting the local community's healthcare experience. For example initiatives in Kanse village have improved provision of health services, water supply, and staff deployment. The Sarpanch of this village took the initiative to ensure provision of water, which is a basic requirement for any healthcare facility. The timings of the OPD were also discussed, and work responsibilities were distributed among the staff members to ensure full functionality of the OPD.

## CASE STORY

**K**ushire Sub-centre in Ambegaon block has been transformed due to action by the Jan Arogya Samiti.

Earlier this Sub-centre situated in a remote, hilly area had fallen into disrepair and lacked proper infrastructure. There was no seating for health workers, and the roof was leaking so that during the rainy season, mud would accumulate everywhere, making the sub-centre uninviting for visitors. In 2021, efforts were made to revitalize the Sub-centre by converting it into a Health and Wellness Centre, while appointing a Community health officer. Minor renovations rendered the sub-centre functional. In 2022, SATHI initiated the process of strengthening Jan Arogya Samitis in 15 HWCs in Ambegaon Taluka, including Kushire.

The first step involved establishing the Jan Arogya Samiti for Kushire HWC and training its members.

During committee meetings, numerous issues regarding service facilities at the Kushire HWC came to light. Consequently, the Jan Arogya Samiti members decided to replace and improve the roofing, while raising the level of the pathway and constructing a cement road, to prevent muddiness and improve access to the centre during the rainy season. Grills were installed on the windows, toilets and drinking water tanks were constructed, and the HWC was painted while making seating more comfortable.

These changes led to a significant increase in the number of patients seeking care at this HWC. Healthcare services have now become more accessible to the local population, with treatment available for a range of conditions, including provision of medicines for BP and diabetes. With the active participation of the Jan Arogya Samiti, Kushire HWC has been transformed and is now serving the community much more effectively.



**PHC Kushire and a patient of high BP and diabetes availing of treatment after upgradation of the health centre, based on initiative by the Jan Arogya Samiti**



कुनजन - (बिपी-डायाबिटीस) कुशिरेंबु, ता. आंबेगाव, जि. पुणे

## Bhor block

### Initiatives taken by Jan Arogya Samitis to address issues faced by HWCs

The Jan Arogya Samitis and Health Communicators in Bhor block have undertaken a series of initiatives to address various challenges and enhance healthcare services at the Primary Health Centre - HWCs:

#### 1. Infrastructure repairs and ensuring space

After discussion in JAS meetings, certain facilities promptly addressed issues like roof leaks through repair efforts, with support from Zilla Parishad members to ensure swift resolution. Space challenges in some centres were addressed through discussions and provision of space for Sub-centres by Gram Panchayats.

#### 2. Expense reimbursement and resource management

Challenges in reimbursing health worker expenses were discussed in meetings of JAS with relevant authorities, leading to modified planning and prioritizing essential spending. Separate accounts for CHO and ANM, health ID generation, and procurement of necessary equipment like cupboards for medicine storage were implemented to improve resource management.

#### 3. Child health and nutrition

JAS initiatives have led to screening of malnourished children, counselling for parents, and provision of nutritious food contributing to better child health outcomes.

#### 4. Sanitation and water supply, hygiene and environmental Initiatives

Initiatives to improve sanitation, drinking water availability, and drainage systems were undertaken, promoting community health and safety. Efforts to provide sanitary napkin vending machines, dustbins, and waste segregation facilities contributed to better hygiene and environmental practices.

#### 5. Public recognition of frontline health workers

Installation of a health worker plaque and increased participation of the local community in health activities marked significant achievements.

#### 6. Community engagement and effective communication

Collaborative efforts with the local community included discussions with Gram Panchayats to allocate funds for health-related problems, and to provide space for OPD services. Meetings and follow-ups with key stakeholders, including Sarpanch, CHO, and ASHA, ensured efficient communication and coordination. The series

## CASE STORY

In Jambhali village of Bhor block, now medicines for BP and diabetes patients are available free of cost in the Sub-centre. Earlier the villagers did not have information about this provision. It was believed by people that the Sub-centre is only a place

where deliveries or vaccination of small children takes place. As soon as people came to know that medicines for BP, diabetes are available at the sub-centre, the demand for such medicines increased. However, the Sub-centre could not obtain adequate medicine supply in keeping with the raised demand. This problem was raised in the monthly meeting of Jan Arogya Samiti (JAS) at the Sub-centre. Everyone agreed that medicine is a basic need, and the Sarpanch took initiative to resolve the issue with help from the Gram Panchayat. Two important decisions were made: firstly, the Gram Panchayat approved a fund of Rs 5,000 from the 15th Finance Commission so that additional medicines were purchased and the immediate problem of patients was solved. Along with this, it was also decided that Rs. 50,000 should be reserved from the same fund for the next year, to deal with various health requirements.



Jan Arogya Samiti meeting in Jambhali village

of orientations of Jan Arogya Samiti members educated the community about healthcare initiatives.

## 7. Community donations and support to HWCs

Generous offers of land donations and support from individuals and organizations enhanced the healthcare infrastructure. Community-driven initiatives such as road repairs and health check-up camps demonstrated active community involvement.

## Dhadgaon block

### Initiatives taken by Jan Arogya Samitis to address issues related to HWCs

In Dhadgaon block, Jan Arogya Samiti members and Health Communicators have been actively addressing various issues related to HWCs:

#### ► Infrastructure improvements and ensuring OPD services:

Efforts have been made to replace non-viable Sub-centre units with viable structures, to enhance accessibility, and to initiate Out-Patient Department (OPD) services. Similarly repair of sub-centres in Son, Khadkya, and Kuktar is underway. In Bilgaon, the RKS / HWC meeting focused on the need to start an OPD at the Genda Sub-centre, resulting in the decision to hold OPD sessions at the Sub-centre every Monday and Friday. In several other Sub-centre HWCs also

where OPD services were earlier not functional, OPDs are being run a few days in the week now.

#### ► Upgrading health centre facilities

Continuous efforts to enhance infrastructure, equipment, and services in sub-centres across multiple villages have been made, including addressing staff shortages, electricity and water supply issues, and the establishment of Jan Arogya Samiti committees. For example the Primary health centre in Bilgaon faced the most significant issue of water supply, despite a new PHC being built at a cost of nearly six crores. After the visit by Medha Patkar and raising the issue about the lack of accommodation facilities and water supply, the relevant authorities were informed, and the problem was finally resolved. In several HWCs issues related to non-functioning weighing scales, lack of electricity, and repair of sub-centres have been addressed. Steps have been taken to provide delivery kits in some centres, aiming to improve maternal health outcomes.

#### ► Ensuring staff accountability, improving financial management and communication

Concerns about staff accountability and performance were raised, leading to actions such as filing complaints against absent Multi-Purpose Workers (MPWs). Initiatives in some centres include the opening of joint bank accounts for healthcare workers, indicating an emphasis on financial management and accountability. Instances of delays

## CASE STORY

In Sone PHC of Dhadgaon block, the need to provide delivery kits and materials was recognised, and decision was taken in the RKS - JAS meeting to procure these essential supplies. A request was also submitted to the DHO for at least one ANM to be posted at the PHC for OPD services, keeping in view the situation that the ANM post was vacant. Sone

Primary Health Centre has further taken several important decisions to improve its services. The ambulance of Sone Primary Health Centre was repaired, and the CEO assured that the ambulance of any nearby PHC could also provide the necessary services. To ensure regular water supply, the PHC has decided to acquire a 500-liter water tank. Pregnant mothers who prefer to get their sonography examinations done in private hospitals will be provided with a slip from the PHC that can be submitted to a Diagnostic Centre in Shahada to get their tests done free of cost.



Jan Arogya Samiti meeting at Sone PHC

in providing essential materials have been noted, suggesting the need for improved communication and follow-through within the health centre.

### ► Community Involvement

Gram Sabha meetings have been instrumental in discussing various healthcare facility improvements, including electricity, water, and repairs. RKS (now converted to JAS) and the Taluka Health Officer conduct regular inspections of the health facilities to maintain service quality and patient care. Initially,

Efforts by Jan Arogya Samitis have not remained confined only at the level of the HWC in their village, in some cases JAS have extended their efforts to higher levels of the system, or have impacted on services even beyond the health centre. For example, in Dhadgaon block (Nandurbar), one of the Sub-centres was located in a small hamlet, which was completely under-utilised and inaccessible to most of the population in the area. JAS members of nearby Sawariya Digar village (population 6000) in the Sardar Sarovar project area gave the proposal for relocation of the Sub-centre, this was submitted to the Block medical officer. When this did not yield results, subsequently JAS members and local activists approached the Collector, Nandurbar and effectively raised this issue at district level. Now a new building for a Sub-centre in Sawariya Digar has been approved. JAS members are now helping to build the HWC-Sub-centre in their village, which will benefit thousands of people.



Jan Arogya Samiti members and social activists meeting Collector, Nandurbar district

migrant laborers were reluctant to get COVID vaccination, but after explaining the importance of vaccination, they were persuaded to get it despite not their having Aadhaar cards.

These numerous collective initiatives demonstrate a commitment to improving healthcare accessibility and quality in the Dhadgaon block, reflecting the dedication of Jan Arogya Samiti members, community leaders and healthcare officials to better serve their communities.

Another remarkable example is of the Jan Arogya Samiti in Jambhali village (Bhor block) which had two student representatives, one boy and one girl, studying in the Zilla Parishad school in the village. These students used to attend every JAS meeting. Their school toilets were in unsanitary condition due to lack of water, and had become unusable. Students complained time and time again at the school, but even though the issue was raised in the school management committee, there was no improvement. During the meetings of the Jan Arogya Samiti, the students realized that issues faced by people in the Sub-centres were getting solved. But if toilets in the school are not clean and usable, the health of children will be affected. The children raised this problem related to their school in the JAS meeting. The Jan Arogya Samiti actively followed up with the Zilla Parishad, which solved this issue within eight days, although it had been pending since last two years. The boys and girls in the school at Jambhali have now got new, clean toilets.



New toilet block in Jambhali school, constructed due to efforts of Jan Arogya Samiti

## V. Rural Hospital impact: Initiatives to improve services by Rural hospitals in Bhor and Ambegaon blocks

Efforts by JAS and RKS members to enhance healthcare services at the Rural hospitals in Bhor and Ambegaon blocks have resulted in many notable improvements:

### 1. Sanitary Conditions

A meeting of the RKS - JAS led to the allocation of funds for cleaning work, significantly improving the hospital's sanitation. This addressed unsanitary toilets and contributed to a healthier environment for patients and staff.

### 2. Comprehensive Health Check-ups:

The hospital has started conducting comprehensive health check-ups, indicating a commitment to providing better services. This move will help to identify health issues early, ensuring prompt treatment and care.

### 3. Maternal and Infant Care

Improved adherence to maternal pregnancy checks and infant vaccination schedules signifies a significant achievement. This ensures that pregnant women and infants receive essential care, promoting their health and well-being.

### 4. Addressing staff shortages

Efforts were made to address the challenges faced by the Rural hospital in Ambegaon block. One significant challenge was the absence of a relevant person for operating the X-ray machine. The Chief Medical Officer was requested to fill the vacant position to address this, which helped improve the hospital's diagnostic capabilities.

### 5. Tribal Healthcare

Successful follow-up with the Taluka Health Officer to make special efforts to provide vaccinations for the Katkari tribal community demonstrates a commitment to reaching underserved populations with essential healthcare services.

In brief, the efforts made by JAS and RKS members to address the challenges faced by the Rural hospitals in

Bhor and Ambegaon blocks have helped improve the quality of healthcare services provided, and they serve as an example of how effective collaboration between various stakeholders can help address complex healthcare challenges.

## VI. Community level impact: Positive changes related to community awareness, health centre-community interactions, and role played by frontline functionaries and grassroots bodies

One of the most significant improvements brought about due to activation of Jan Arogya Samitis was major increase in the participation of Sarpanch, Gram Sevak, and ASHAs, along with the inclusion of self-help groups, school children, and teachers in healthcare committees. Public awareness was created about the thirteen key services expected to be provided through the HWCs, which helped improve utilization of healthcare services.

Regular interactions between the Community Health Officer (CHO) and the people helped ensure that many minor problems faced by people were addressed promptly. The CHOs also focused on setting up JAS in areas where it was non-existent, to address health-related issues effectively. The Jan Arogya Samiti (JAS) was formed, and the gram panchayats started participating in sub-centres, which helped improve access to healthcare services in rural areas.

In many Sub-centre HWCs, OPD services have been started at least two days a week, and drug stocks were ensured at the Primary Health Centres (PHC). Vaccinations for children were also started, and employees are now present every day. The JAS committee meetings are being conducted regularly, and the demands for regular meetings of JAS Committees started coming from official level also.

Most importantly, the villagers have become more aware of HWC services and started asking questions about the visits from the ANM and MPW. They also

inquired about government subsidies and the food served in Anganwadis. These inquiries helped ensure that the villagers received all pertinent information and had access to necessary healthcare services.

In conclusion, these positive changes observed in the healthcare sector in the above three blocks helped improve access to healthcare services and created public awareness about the importance of HWCs. The inclusion of different stakeholders in JAS and regular interactions with CHOs ensured that the problems of people and health workers were addressed promptly.

## VII. Public dialogue towards social audit of HWCs, conducted by Jan Arogya Samitis

Activated and oriented Jan Arogya Samitis have initiated processes to roll out social audit of the Health Wellness Centres (HWCs) in Bhor and Ambegaon blocks in the Pune district, and Dhadgaon block in the Nandurbar district of Maharashtra. Teams consisting of block facilitators, Jan Arogya Samiti members, and health centre staff received one-day training on how to assess HWC services with preparation of report cards. This included orientation on which information to examine and which records to check. They used a simple questionnaire designed to collect information regarding the HWCs and planned the organisation of public dialogue events covering cluster of HWCs.

Jan Arogya Samitis have organised Jan Samvads (Public dialogues) related to Health Wellness Centres (HWCs) in Bhor, Ambegaon, and Dhadgaon blocks, as envisaged in national guidelines related to HWCs. The team consisting of Jan Arogya Samiti members, local coordinators and health communicators, CSO representatives and health centre staff, inspected numerous facilities and records. They assessed aspects such as infrastructure, hygiene, equipment, drug supply, vacancies, and referral services.

During these audits, the local teams inspected 46 Sub-centres and 15 Primary health centres, recording observations on facilities such as construction, hygiene, equipment, materials, operations, records, drug supply, vacancies, referral services, and further aspects. They obtained information by interacting with staff and examining registers and records in the health centres,

including patient registrations, visits, and treatments, and records of beneficiaries taking government health schemes. The teams also conducted detailed inspections of records related to emergency treatment, acute malnutrition, cancer, home visits, and follow-ups.

### Information collected during the process covered the following aspects of HWCs:

**Drinking water and sanitation** (water availability, water filter, toilets, cleanliness of premises, solid waste management)

**Awareness materials and posters** (display regarding services, drug stocks, committees, schemes etc. through boards, posters)

**Management of medicines** (record board, stock register, requisition file, allotment records, deficient / excess stock)

**Equipment** (stethoscope, altimeter, oximeter, thermometer, BP device, fetal doppler, weighing machine)

**Infrastructure** (separate room for patient examination, electricity meter, wheelchair or ramp, required furniture, quality of construction)

**Registers and Records** (Accounts, Bills, Audit, Guidelines, Grievance Book, Meeting Book, Registers)

क्र.	आरोग्य वर्धिनी केंद्रातील सेवा-सुविधांबाबत रुग्णांची मते	क्यापूर होक	मासुआई पडे	केके	जानकी वेनाय	वेळ	दिवसे	हान्ये
१	वागणूक (कर्मचाऱ्यांची वागणूक आणि संवाद)	५०.०	५५.०	५०.०	५०.०	५०.०	५०.०	५०.०
२	सेवा सुविधा (मोफत औषधे, तपासण्या, सलाह, गुह्येता, आणि केंद्रातील सुविधा)	५०.९	५५.३	५८.९	८०.०	५०.९	५८.९	५८.९
३	सेवा सुविधांची गुणवत्ता (नोंदणी, उपचार, निदान, औषधे, संदर्भसेवा, उपस्थिती, समुपदेसन)	५९.०	८०.०	५०.०	८५.०	५५.०	५५.०	५०.०
४	स्वच्छता (शौचालय, चाई, परिसर स्वच्छता)	५०.०	०.०	५३.३	५०.०	०.०	८०.०	५३.३
आरोग्य वर्धिनी केंद्रातील भेटीवरच्या निरीक्षण								
१	आरोग्य वर्धिनी केंद्रातील स्वच्छता (शौचालय, परिसर स्वच्छता, कचरा व्यवस्थापन)	८३.३	५०.०	१००.०	१००.०	१५.०	८३.३	१००.०
२	पिण्याचे पाणी (पाण्याची उपलब्धता, फिल्टर)	५०.०	५०.०	१००.०	१००.०	०.०	०.०	५०.०
३	जाणीव जागृती साहित्य व पोस्टर (सेवा, औषधसाठा, समिती, योजना, आजार इ. फलक, पोस्टर)	५५.०	५५.०	५५.०	१००.०	५५.०	५५.०	५५.०
४	गोळ्या व औषधी (नोंद फलक, स्टॉक रजिस्टर, मागणी फाईल, वाटपाच्या नोंदी, अतिरिक्त साठा)	१००.०	१००.०	१००.०	१००.०	१००.०	१००.०	८०.०
५	उपकरणे (स्टेथोस्कोप, उंची मापक, ऑक्सिमीटर, थर्मामीटर, बी पी उपकरण, फिटल डॉपलर, वजन काटा)	८०.५	८०.५	१००.०	१००.०	८५.०	८०.५	८०.५
६	पायाभूत सुविधा (तपासणीसाठी स्वतंत्र कक्ष, बीज मीटर, व्हील चेअर किंवा रॅम्प, कनिचर, बांधकाम)	५५.०	०.०	०.०	५०.०	०.०	८३.३	५०.०
७	रजिस्टर्स आणि रेकॉर्ड्स नोंदी (जमा-खर्च, बिले, ऑडिट, गाईडलाईन्स, तक्रार वही, मॉनिंग वही, रजिस्टर्स)	५०.०	५०.०	१००.०	५०.०	१००.०	५०.०	१००.०
कर्मचारी नियुक्ती - रिक्त पदे								
१	वैद्यकीय अधिकारी (SC-CHO)							१
२	बहुउद्देशीय महिला आरोग्य कर्मचारी (ANM)							१
३	बहुउद्देशीय पुरुष आरोग्य कर्मचारी (MPW)	१						
४	आशा स्वयंसेविका							

Report Card

Based on observations made by the teams, marks were given for each indicator between 0 and 100, and these have been recorded in Report card format (see summary report cards).

In these report cards,

**GREEN** (marks 75% or above) signified Good situation

**YELLOW** (marks 50 to 75%) signified Partly satisfactory situation, and

**RED** (marks less than 50%) signified Unsatisfactory situation requiring major improvements.

See Annexure below for summary of the 15 Sub-centre report cards compiled in Bhor block, as an example.

The conduction of audit processes was accompanied by organisation of **public dialogue events (Jan Samvads)** at block level. These dialogue events were attended by the Taluka Medical Officer, Primary Health Centre Medical Officers, Community Health Officers, ASHAs, ANMs and MPWs, members of Jan Arogya Samitis and VHSNCs, PRI members, and other stakeholders. A large number of issues were raised and several positive decisions were taken, during these public dialogue events.

This entire process which has been like a combined social audit at primary level, aiming to identify areas of improvement and promoting transparency and accountability in the healthcare system. Many of the positive changes described in this report have been a consequence of the audit and public dialogue processes.

## VIII.

### Key insights emerging from the pilot experience and further steps

This pilot initiative undertaken by SATHI to mentor and activate Jan Arogya Samitis during 2022-23 has shown considerable promise, as explained in previous sections of this report. These initiatives were carried out in a few areas with special intensive efforts by SATHI, keeping in view the context of limited mandate concerning JAS related activities, and constrained and delayed availability of resources, in the larger CAH process. This pilot initiative yields several valuable insights and lessons, which can be of state level and national significance:

- ▶ **Proper formation, regular mentoring and activation of Jan Arogya Samitis** can enable communities to actively engage with emerging Health and Wellness Centres. JAS can act as highly impactful 'Community Partners' for the recently formed HWCs, and can create social momentum as well as support, ensuring much more effective utilisation and functioning of these newly upgraded centres.
- ▶ **Organising regular visits by JAS members to HWCs leading to participatory review of facilities and dialogue** can be a highly effective method, ensuring improved community access and responsive delivery of Primary health services.
- ▶ **The role of local, socially active non-official facilitators in mentoring JAS members is crucial.** Such facilitators play key functions in bridging



Block level events

community members and health staff, convening dialogue and problem-solving sessions, and ensuring practical capacity building of JAS members which is essential for them to gain the skills and confidence to carry out their responsibilities.

- ▶ **JAS can enable participatory auditing of HWC performance as well as leveraging additional local resources for HWCs.** In many instances, JAS (which include the village Sarpanch) have mobilised Gram Panchayat resources, such as 15<sup>th</sup> Finance commission funds, to ensure supplies and medicines for effective functioning of the HWC.
- ▶ **There is need for specific orientation of CHO and PHC MOs** regarding the range of functions expected from JAS including social audits, and their key role in supporting these processes.
- ▶ As exemplified by this pilot initiative, **competent and experienced civil society organisations can play an important catalytic role** in coordinating the mentoring and activation of Jan Arogya Samitis and related processes, which help to majorly upgrade the functioning of HWCs.

This pilot demonstrates the huge potential of activated Jan Arogya Samitis, which can enable more effective functioning of Health and Wellness Centres. There

is no doubt that with provision of adequate, timely resources and clear official mandate as part of the CAH process under the National Health Mission in coming period, the processes of activating JAS could be implemented on much larger scale and with full intensity across large areas of Maharashtra.

As part of the CAH process in 2023-24, activities related to JAS have been initiated in CAH areas in 9 districts, 18 talukas and around 500 HWCs across the state. These include JAS committee formation at HWC level, block level JAS training, and organising visits of JAS members to HWCs. State level workshops have been organised in February 2023 and July 2023 to review activities and orient district level stakeholders for facilitating JAS related processes in their respective areas. Now, it is planned to facilitate social audits of HWCs (as outlined in national guidelines for JAS) as part of CAH process by March 2024, covering all Jan Arogya Samitis and HWCs in CAH areas across the state. Provided there is clear mandate and workplan at state level accompanied by timely availability of resources, **the innovative and impactful process of activating Jan Arogya Samitis and facilitating improvements in HWCs can be implemented across Maharashtra in a manner that could become a model for the entire country.**



## Annexure

### Compiled report card ratings related to 15 Sub-centre HWCs in Bhor Block

Services	Jogawadi PHC			Nasrapur PHC										Bhongvali PHC		
	Alande	Harnas	Bhutonde	Karandi	Kapurhol	Kasurdi	Kelavade	Jambhli	Degav	Velu	Shivare	Hatve	Kikavi	Nhavi	Salora	
Sanitation in HWC	66.7	100	0	0	83.3	50	100	100	16.7	83.3	100	83.3	100	66.7	83.3	
Drinking water	20	0	0	0	40	20	100	100	0	0	20	40	40	20	60	
Awareness materials and posters	100	100	0	0	75	25	75	100	25	75	75	50	75	75	75	
Pills and medicines	100	100	0	0	100	100	100	100	100	100	100	80	100	100	100	
Equipment	100	75	0	0	87.5	87.5	100	100	75	87.5	87.5	75	100	100	87.5	
Infrastructure	100	66.7	0	0	66.7	0	0	50	0	83.3	50	83.3	100	66.7	66.7	
Registers and Records	100	100	0	0	90	90	100	90	100	90	100	90	90	80	100	



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