

Demonstrated Innovation/ Initiatives for Accountability

Background

Majority of the Panchayathraj Institutions in the State were ignorant regarding the services extended by NRHM. In Kerala PRIs have a key role in making the facilities available at the grass root level and it is found that wherever, Panchayats intervene, the status of nutrition, sanitation and ASHA's initiative increased which in turn contributed towards achievement of NRHM.

Description of the Innovation

Comprehensive Health Plan Campaigns organized at grass root level in 2011-13 by NRHM through out the State and had helped to orient the PRI's about the facilities and services of NRHM. Through this campaign, the people recognized their local health and health related issues and the developed projects to overcome/ rectify the problem in a decentralized manner. All Panchayats prepared a Panchayat Health Plan, which will include the health priorities, local public health requirements and action to be taken by other departments to improve the health of the community.

These Panchayat Health Plans were consolidated in the Block Panchayath level. This consolidated Health Plan along with Block level specific needs form the Block Health Plan prepared by the Block Panchayat. And these plans were consolidated at Districts and this forms the District plan. These plans are vetted and approved by the District Planning Committee which includes the people's representatives.

2. Standing Committee on Health of PRIs review the Health Projects to make sure the accountability of NRHM programmes. Monthly review meeting used to convene every month in which they review the financial expenditure and accountability of NRHM programmes. Ward Health Nutrition and Sanitation Committees also formed in all wards of the State with the LSGI members as the Chairman. This committee also reviews the NRHM programmes at Ward level.

3. In addition, Social Audit (SA) is being conducted for the first time in the Health Sector on a pilot mode in PHC Sub-Centres in 4 selected districts of the state. Social Audit (SA) is both a process and a method of understanding, measuring, verifying, reporting and improving the overall performance of an organisation or specific to its programmes/ projects. The purpose of

SA is not to find fault with the implementation of programmes but to critically examine the performance, particularly from the stand point of beneficiaries so as to ensure accountability and transparency and ultimately in improving the service delivery. It also empowers the beneficiaries through building a better understanding about the various aspects of the programme/project, thereby enabling them to demand for quality and need based service delivery. In general, the output of SA can facilitate efforts to enhance the effectiveness of implementation of the programmes.

COST

As a part of the Campaign and for inclusion of CHP projects, workshops were arranged at all wards of Grama Panchayaths. District Medical Officers, District Programme Managers with the assistance of Health staffs & Key Resource Person lead the programmes. Around 15,000 meeting/ workshop were conducted in the State as part of the Campaign. This year two workshops were arranged at State level and at District level for inclusion of the projects in the Annual Action Plan of LSGDs. Altogether projects worth Rs. 209 crores were included in the Health Sector from the allocation of LSGDs. Health related projects included by other departments is to be consolidated. The expense incurred at the District level is being collected. However, the expense incurred for the purpose will come around Rs. 40 lakhs which is too meager considering the total amount (Rs. 209 crores) of Health projects included in the PRI's Annual Action Plan of 2012-13.

Sustainability

The Comprehensive Health Plan campaign was conducted for the XII Five year plan period. This year total projects worth Rs. 2416.75 crores Health Projects and Rs. 4748.71 crores of Health related projects were formulated. Projects worth Rs. 209crores were taken up in the Annual Action Plan of PRI's in 2012-13. If a concerted action is taken by NRHM & PRIs, the whole projects in CHP can be taken up in the remaining plan period 2013-14 to 2016-17.

Outcome

The whole Comprehensive Health Planning exercise was completed on a Campaign mood before March 2011 and all the projects prepared were placed in the District Planning Committee (DPC) and got approved. The Comprehensive Health Plan prepared for the first time on a Campaign mood in the Health was acclaimed by the media and all other stake holders.

With the active participation of stake holders, all the Districts chalked out their local issues and prepared Health and Health related plans as consolidated below.

DISTRICTS	HEALTH PROJECTS	HEALTH RELATED PROJECTS
	Amount in Lakh	Amount in Lakh
Thiruvananthapuram	10932.35	15634.14
Kollam	11961.31	61364.51
Pathanamthitta	13567.25	27384.60
Alapuzha	5619.84	56932.14
Kottayam	7519.25	52068.19
Idukki	18441.37	11139.34
Ernakulam	34212.35	35941.82
Thrissur	28525.83	58105.25
Palakkad	15077.59	11809.5
Malapuram	40627.29	69957.85
Kozhikode	37534.27	36145.98
Wayanad	23489.39	14081.24
Kannur	1721.42	17850.47
Kasaragod	2699.22	6456
Total	241675.05	474871.03

The whole exercise was completed on a Campaign mood before March 2011 and all the projects prepared were placed in the District Planning Committee (DPC) and got approved. The control of Contagious Diseases in the State in 2012-13 is also cited as indicator of the Health awareness created among the public in CHP.

CHP Projects worth Rs.209 crores were included so far in the Annual Action Plan of PRI's from the LSGD allocation, a good indicator of the importance given by PRIs in CHP.