

A COMMUNITY-BASED MONITORING MODEL FOR ENSURING QUALITY HEALTHCARE DELIVERY THROUGH JAN AROGYA SAMITI (HEALTH FACILITY COMMITTEE) IN JHARKHAND, INDIA

Ram K. Kumar^{*1}, Priya Kotwani¹, Pallavi Kumar¹, Ashish Srivastava¹, Pradeesh CB¹, Anuradha Jain², Neeraj Agrawal¹, Somesh Kumar¹
¹Jhpiego India, ²USAID India

ISQUA2023-ABS-2621
P 605

INTRODUCTION

- The government of India (GoI) under the Ayushman Bharat – Health and Wellness Program has envisioned to create of 150,000 Health and Wellness Centres (HWCs) by upgrading existing Sub Health Centres (SHCs) and Primary Health Centres (PHCs) to provide comprehensive primary health care (CPHC) services. This transformation has enabled HWCs to provide a range of primary health care services spanning preventive, promotive, curative, rehabilitative, and palliative care.
- GoI has rolled out Jan Arogya Samiti (JAS) as a part of community-led monitoring (CLM) to serve as an institutional platform for community participation in facility management, governance, and accountability. The role and responsibility of JAS include- organizing health promotion activities, enabling quality service delivery, setup a grievance redressal system, and ensuring social accountability exercises are in place. JAS comprises Community Health Officers (CHO) who lead the AB-HWC, along with Elected Representatives, Civil Society, and Service recipients.
- USAID's flagship health system strengthening project NISHTHA, implemented by Jhpiego is piloting this model to demonstrate community-led monitoring (CLM) through JAS in 35 HWC of West Singhbhum (N=20) and Khunti (N=15) districts of Jharkhand.

INTERVENTIONS

Monitoring Mechanism through JAS:

As part of the Community-led monitoring, in line with the GOI guidelines the following monitoring frameworks have been devised. In this project, a community monitoring tool was also administered to JAS members through Interactive Voice Response System (IVRS), and the responses were used to rank HWCs and prepare ranking cards.

AB-HWC performance review in monthly JAS meetings

1. CHO will present the monthly performance report of the AB-HWC
2. Review the status of HR, infrastructure, drugs, diagnostics, and untied expenditure
3. Sharing ranking scorecard
4. Discussion on the resolutions for the challenges and also support required from JAS for it

Technology Based Community Monitoring through IVRS

1. Administered to non-health JAS members through IVRS on a monthly basis
2. Quarterly HWC ranking cards and dashboard of HWCs prepared (Data collection monthly theme-wise)

Patient Satisfaction Survey

1. Undertaken by non-health JAS members of the AB-HWC
2. Face-to-face satisfaction survey of 10 randomly selected beneficiaries
3. Parameters such as promptness, service availability, waiting time, cleanliness, and staff behaviour assist

Social Accountability Exercise (Social Audit) & Annual Public Dialogue-Village Meeting

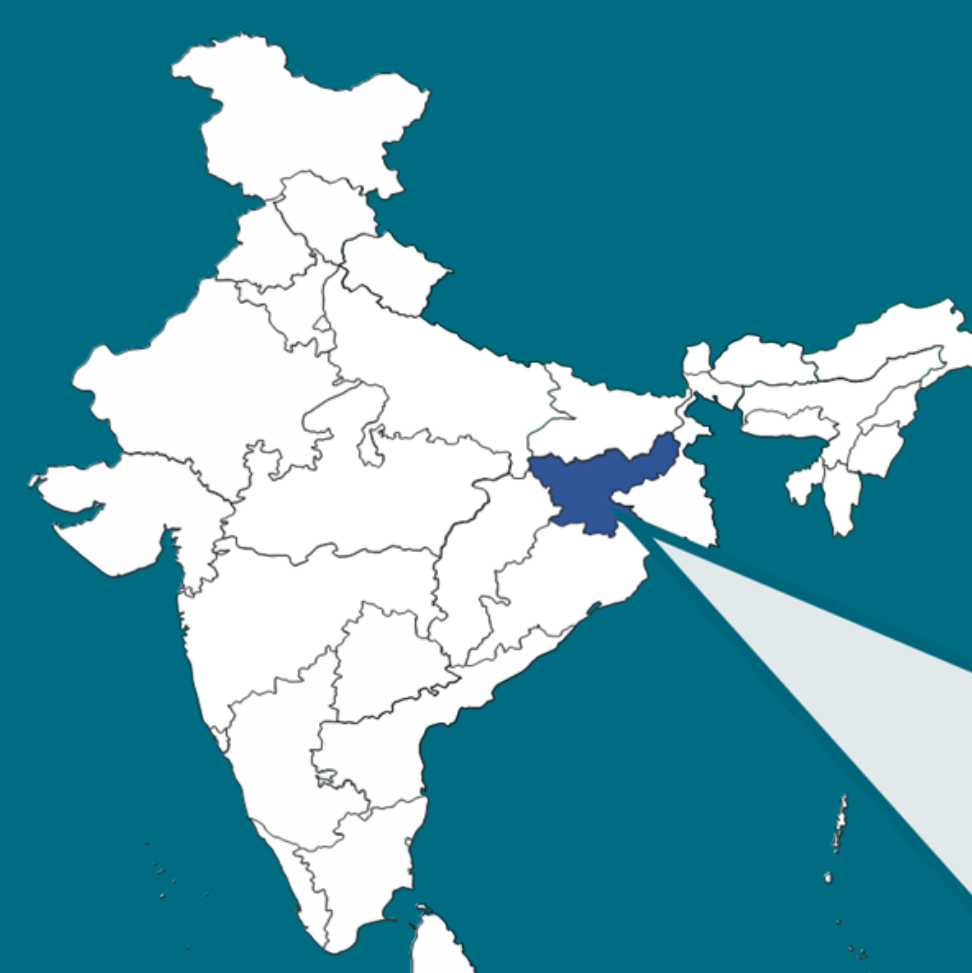
1. Annual Forum for presenting activities, achievements, and challenges of the HWC
2. Include Public Hearings on community participation and grievances
3. Review of the annual report, statement of expenditure and sharing HWCs ranking based on the ranking card

OBJECTIVES

The objectives of the piloting are-

- To demonstrate the community partnership and ownership through JAS for healthcare service delivery at HWC.
- To demonstrate CLM & Social Accountability Mechanism through JAS for healthcare service delivery at HWC.

PROJECT GEOGRAPHY



West Singhbhum (N=20)
Khunti (N=15)



RANKING CARD

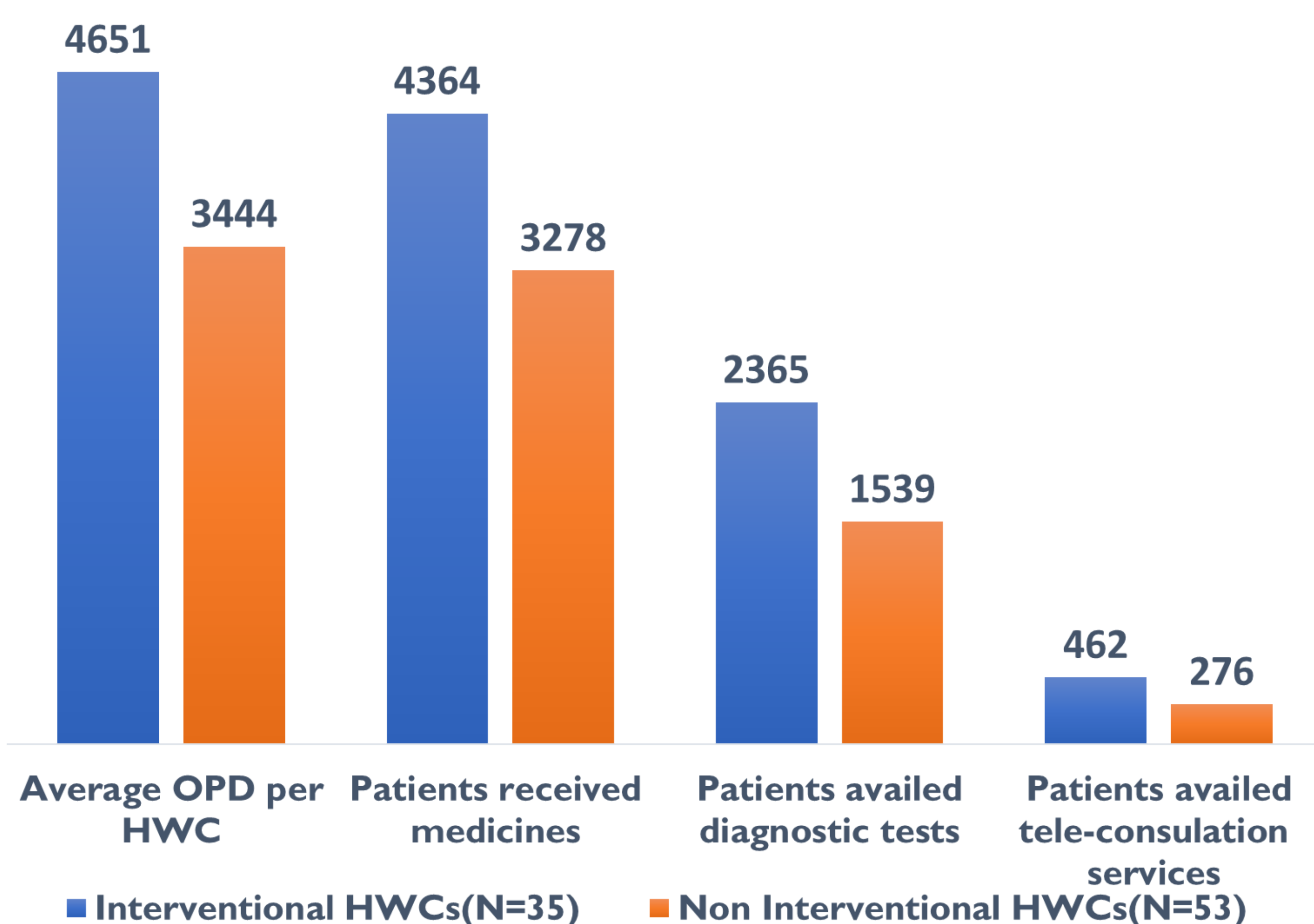
JAN AROGYA SHRENI COMMUNITY RANKING CARD Monthly List of HWCs in West Singhbhum, June 2022									
RANKING TABLE									
BLOCK	HWC	Overall	Infra	HR	DRG	Overall	Infra	HR	DRG
Chandrapur	1	1	1	1	1	1	1	1	1
Chandrapur	2	2	2	2	2	2	2	2	2
Chandrapur	3	3	3	3	3	3	3	3	3
Chandrapur	4	4	4	4	4	4	4	4	4
Chandrapur	5	5	5	5	5	5	5	5	5
Chandrapur	6	6	6	6	6	6	6	6	6
Chandrapur	7	7	7	7	7	7	7	7	7
Chandrapur	8	8	8	8	8	8	8	8	8
Chandrapur	9	9	9	9	9	9	9	9	9
Chandrapur	10	10	10	10	10	10	10	10	10
Chandrapur	11	11	11	11	11	11	11	11	11
Chandrapur	12	12	12	12	12	12	12	12	12
Chandrapur	13	13	13	13	13	13	13	13	13
Chandrapur	14	14	14	14	14	14	14	14	14
Chandrapur	15	15	15	15	15	15	15	15	15
Chandrapur	16	16	16	16	16	16	16	16	16
Chandrapur	17	17	17	17	17	17	17	17	17
Chandrapur	18	18	18	18	18	18	18	18	18
Chandrapur	19	19	19	19	19	19	19	19	19
Chandrapur	20	20	20	20	20	20	20	20	20
Chandrapur	21	21	21	21	21	21	21	21	21
Chandrapur	22	22	22	22	22	22	22	22	22
Chandrapur	23	23	23	23	23	23	23	23	23
Chandrapur	24	24	24	24	24	24	24	24	24
Chandrapur	25	25	25	25	25	25	25	25	25
Chandrapur	26	26	26	26	26	26	26	26	26
Chandrapur	27	27	27	27	27	27	27	27	27
Chandrapur	28	28	28	28	28	28	28	28	28
Chandrapur	29	29	29	29	29	29	29	29	29
Chandrapur	30	30	30	30	30	30	30	30	30
Chandrapur	31	31	31	31	31	31	31	31	31
Chandrapur	32	32	32	32	32	32	32	32	32
Chandrapur	33	33	33	33	33	33	33	33	33
Chandrapur	34	34	34	34	34	34	34	34	34
Chandrapur	35	35	35	35	35	35	35	35	35

PROGRESS/ RESULT

A few other preliminary findings/progress from programmatic data are :

- A total of 676 JAS Members were identified across 35 HWCs. Capacity building of these members were carried out on Community Monitoring Structures(N=448), Patient Satisfaction Surveys for Community Monitoring (N=448), IVRS tool and Ranking card(N=448), Social Accountability Exercise(N=448),Untied fund utilization and Grievance Redressal(N=467).
- Community Meetings conducted - JAD (Jan Arogya Divas) (N=28), Annual Public dialogue (N=2).
- A total of two Social Accountability Exercises were done in each of the 35 intervention facilities. The average number of participants in social accountability exercise has increased from 29.5 to 35.5 from Cycle 1 to Cycle 2.
- Using the learnings from the pilot, the Government of Jharkhand scaled up the model in all HWCs (N=4220) of the state.

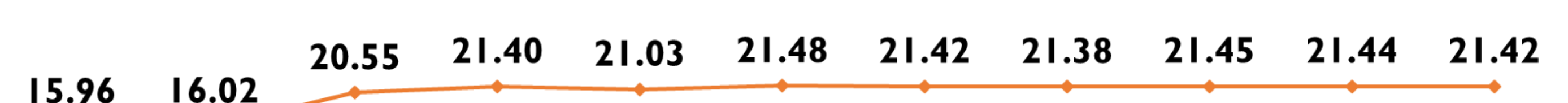
Average no. of patients availing services over the last year (April 2022 – Jun 2023)



Source: Programme Data/HWC Portal

*Criteria for identification of non-intervention facilities were-Geographical Proximity, duration of operationalization and HR availability.

MONTHLY PATIENT SATISFACTION SCORES



Patient Satisfaction Survey (N=1500)

CONCLUSIONS

- The Jan Arogya Samiti (JAS) through community empowerment and active participation in decision-making processes has yielded enhanced healthcare outcomes and heightened accessibility to medical services.
- The initial insights underscore the potential of this model to stimulate advancements in healthcare service quality, concurrently fostering patient-centric care at the grassroots level.
- As a testament to these developments, the state government of Jharkhand has issued a mandate for the establishment of JAS in all functional HWCs across the state. Consequently, a total of 1564 Jan Arogya Samitis have been established, corresponding to the number of operational HWCs as of June 2023.

REFERENCES

- https://abhwc.nhp.gov.in/download/document/Jan_Arogya_Samiti_Web_Compressed.pdf.
- <https://nhsrcindia.org/sites/default/files/202302/Jan%20Arogya%20Samiti%20Handbook%20for%20Members.pdf>
- Officer Order released by Government of Jharkhand regarding Jan Arogya Samiti constitution and role and responsibility(Letter no.825 dated 25th May 22.

CONTACT INFORMATION

Ram Krishna Kumar, Senior Programme Officer, NISHTHA, Jhpiego, Jharkhand ,India
Email- ram.kumar@Jhpiego.org Mobile No.- +917209046337