Bridging the Gaps: Evolving an inclusive people centered responsive health system- Experiences and challenges from Basic health Care Services program
West Bengal Voluntary health Association and MEMISA Belgium – Basu Biswanath

1. Story - context

The Indian ngo WBVHA supports since over a decade the development of Basic Health Care in a few selected remote/rural areas of West-Bengal, mainly the island area in the South (South24Parganas, North24Parganas) and Howrah, and the mountain area in the North (Darjeeling, Sikkim). It does this in a partnership with a network of local grassroot ngo and Memisa Belgium. The context is very complex.

At the local level, access is hampered by the geographical isolation of the villages, as well as by financial, cultural, religious and social barriers. Despite the efforts of the government to improve basic health care in the rural areas through various programs ('schemes'), there is a huge gap in the delivery of public health services. These schemes are focusing on a few topics only, leaving a lot of health concerns unattended. Moreover, they are not locally adapted. They are many local public health workers (ASHA, ICDS, ANM,…) who deliver these (mainly preventive) schemes, but due to poor communication and coordination by the local authorities (to start with the Gram Panchayats GP, which are a group of villages) people are barely aware of the services they are entitled to. The curative services are below standard as well, with staff being present (if at all) only a few hours per day and with a poor quality of services, both technical and relational. Attempts to fill this huge gap are made by local ngos and private providers (quacks, private doctors,…) which are mushrooming without any proper regulation. Traditionally the grassroot ngos (mostly CBOs or Community Based Organizations originally) focus on particular topics (clean water, vaccination, maternal care, eye problems, girl trafficking, HIV,…). But they lack a comprehensive vision on the needs of the villagers and focus principally on solutions at village level. However, a lot of problems at village-level require solutions which should come from the higher level.

The introduction of the NRHM (National Rural Health Mission) by government gave the Basic Health Care program a big boost. It provided opportunities to make the existing health system more functional. Synergic actions were created at the community, Gram Panchayat, Block and district level through a collaborative process. NRHM programmes created spaces for Partners and community members to be part of the decision making bodies and to push a people centred programme.

2. How did we organize?

The Basic Health Care Program initiated by WBVHA, the grassroot ngos and Memisa, aims at putting in place adapted strategies to improve health care in this complex environment. They are multiple.

- The community is being organised, for instance by strengthening existing community institutions like Self Help groups(SHG), Village Development Committee (VDC) and CHCMI, and by creating awareness on their rights, the services available in the centre and the ways to access them. A powerful tool developed in this program are the transparency village notice boards where both community and health actors can put information regarding health and exchange about it. This, as well as information, education and communication materials on the rights of the community, on the government health services and schemes empowered the community to demand better services and establish downward accountability mechanisms. The grassroot ngo started also looking beyond the individual villages and gradually established a working relation with the Gram Panchayats authorities (the first line of local government). By making an inventory of the main health related concerns of the villagers (through a mechanism of storytelling and 'case building') and communicate it to the elected Panchayat members, and by mapping all the actors, whether public or private, involved in health in the Panchayat, the first level of health care in the supported Panchayat areas gradually gets better coordinated. This already resulted in a shift in the Panchayat's approach to finance health related programs. Health plans are now being developed and additional resources for broader health concerns like water, sanitation, and nutritional programmes allocated. In that way an better articulated local health system is emerging.
- The partners created a Health Forum of ngos in the supported districts. This allowed the ngos to exchange experiences and to broaden their perspective beyond the scope of the village-level. The forum established (vertical and horizontal) linkages between various stakeholders at various levels (GP, block, district, interdistrict/state) and various sectors (health, education, water, agriculture…). This allowed to discuss health issues at a more strategic level, find solutions, use the space for advocacy (through the analysis resulting from the case-building process; ex: fight against alcohol trafficking in Howrah) and policy influence at different levels gradually, and take the concepts of the program to other GP, blocks, districts which are not directly covered (scaling up). This platform dynamic increased the confidence of the government towards the ngos. This resulted in new partnerships between government and ngos and more health schemes implemented with the support of the ngos. In that way there was a multiplying effect in providing services to the community.
- Support systems were created for the health providers providing simple basic needs at the centres like screens/curtains for patient's privacy, running water, basic equipments like weighing machine, and extending the services of health workers and mobilisers to organise events, develop reports etc. Most of the government front line health personnel revived and enhanced knowledge, and skills thorough exposure and specific capacity building programme. The interface meetings with community and health personnel to know each other's perspectives and needs, and helped in improving the relational quality of health care. A non threatening approach and the trust and confidence gained over a period of time ensured cooperation and support of the Government health team for collaborative work.
- There is an intensive ongoing program coaching and monitoring process with quarterly reviews on the presence of a local (Indian) consultant and a yearly review with the health advisor of Memisa. The focus is on exchange of experiences, broadening the scope and learning. Most significant changes and mindshifts amongst the forum partners are systematically noted down on a flipchart and displayed at every review.

3. Challenges

- Changing mindsets and develop collaborative work culture among a resource constrained compartmentalised team (PRI, Health team, ICDS, Administration and CSOs) without affecting egos and reducing space in a hierarchical society.
- The capacity and commitment of front line team is essential to take the health services to all sectors and parts of the community. Often government and donor communities are reluctant to invest on front line team leading to the failure of many well planned programmes.
- Overcoming the spirit of competition between ngo networks and even between ngos in the same network.
- Avoiding over-institutionalisation of a platform.
- Assuring proper documentation of the process in order to generate evidence for policy and scaling-up of the experience.

4. Tools

- Transparency village notice boards as a communication and exchange tool (cf. supra)
- Use of drawings to express complex situations, for instance the tool of 'RICH Pictures'. This involves groups spending 30-40 minutes drawing, from their collective understanding, main achievements in their area of work.
- Use of mindshifts and most significant changes as a coaching tool to monitor change of behaviour
- Storytelling to grasp the real issues and to strengthen the advocacy strategy
- Case-building exercise (horizontal analysis): analysing all services needed for a particular situation (ex: pregnancy) and then mapping which services are available/used and by whom, helps to get a view on a complex local health system and to analyse how it functions in practice. It helps to identify the major gaps and to orient the advocacy strategy
- Multi-stakeholder thematic groups: given the amount of information collected and the numerous issues to be covered, it's necessary to organise a division of tasks and a clear leadership and commitment to make it work.

5. Key messages

- Go beyond the micro-level (village) to consider influencing factors/solutions at a more strategic level
- Keep a development program flexible in order to seize opportunities in the environment (cf. NRHM)
- Keep a wide approach towards health by considering social determinants of health and adopting a right's approach because this increases ownership of the people
- Focus on issues of concern of the population rather than merely on standardised health schemes
- Adopt a facilitator's role instead of 'doing things' which should be done by the villagers or other local actors
- Do not put everything under the control of a development program; Let local dynamics emerge and concentrate on a facilitating role as a program.
- Taking the program to other areas should start at the level of the peers (already supported villages and panchayats) because they know best their context. The program has a supportive role

- Keep a comprehensive approach by adapting to the identified needs of the population and by offering comprehensive services
- Start building the health system at the local level by connecting the different health providers and stakeholders and by reinforcing decentralised health planning
- Develop spaces of exchange between various stakeholders (ngo, government, private) and work on the quality of these exchanges
- Invest in a qualitative coaching and monitoring process focusing on change of behaviour
- Engage in a learning loop between the local, operational level and the more strategic, decision making levels
- Organise the Forum in an open, flexible, organic way. Beware of over-institutionalizing it, hereby creating parallel systems.
- Limit the initial input of financial or material resources in a development program focused on change of behaviour.

SOME REFLECTIONS FOR THE INTERVIEW BASED ON THE CASE

Guiding questions and answers regarding case of West-Bengal Voluntary Health Association (Biswanath Basu):

What was the intervention/project/policy/situation/problem about?

- It is a project of strengthening local health system thus to improve the availability, accessibility and affordability of quality health care services in time through involvement of local NGOs and community groups.
- People are barely aware of the services they are entitled to
- Lack a comprehensive vision on the needs of the villagers and focus principally on solutions at village level
- Accompany the emergence of a Health Forum starting from a group of NGOs and reaching out to various stakeholders at various levels and various sectors

Give some elements that illustrate the complexity of the situation:

- Geographical location with extreme remoteness – island and mountain area.
- Financial, cultural, social and religious barriers leading towards delaying in accessing services
- Policy and implementation gap and attempts to fill this huge gap are made by local NGOs and private providers without any proper regulation
- Poor quality of services, both technical and relational with non/irregular availability of staff/supplies
- Many actors with different responsibilities and different mind-set
- No regular monitoring of service providers and lack of performance assessment system, no appreciation or rewarding system
- Misunderstanding between service providers and recipients – who should come to whom
- Most of the govt. programmes are vertical with less focus on social determinants of health
- Inter-sectoral non-collaboration/non-cooperation

What did you try to solve the problem?

- Identification of potential local NGOs and strengthening them
- Formation of district level Health Forum (group of NGOs)
- Sensitization on right to health and their entitlement
- Formation/Strengthening community groups like SHG, VDC by local NGOs
- Expanding health forum further at micro level at panchayat (cluster of villages); block level
- Sensitization of govt. service providers for motivation and skill upgradation
- Linking Forum with health system and service providers
- Gradual process of trustbuilding (at all levels and between all stakeholders)
- Listening to real concerns of people and communities – strengthening what they are already doing instead of putting them in schemes + right's approach
- continuous coaching (proximity) and regular reflection
    - lexibility of the program: facilitating and accompanying emergence rather than imposing a preplanned set of activities
- Gram Panchayat dynamic – prioritizing health; initiation of community needbased health planning – GP and block level
- Interest of other GP, districts starting their own Forum or group beyond the scope of the program
- Transparency village notice boards as a communication and exchange tool (information board)
- Provision of time slot for sharing 'case' in the monthly meeting at Panchayat and block level
- Collaboration with other sectors (Cervical Cancer screening; cleft lip and palate surgery)
- Membership of partners in various committees of health system (patient welfare committee; Block Task Force

Unintended effect:
- In places there have been dependency on the project staff from health system

How were opportunities in the context created and/or seized to foster positive change?

- Membership in different committees created a strong platform to raise community voice (recommendation of NRHM)
- Panchayat – a body of elected members is entrusted with the responsibility of local health care. The members are politically elected and hardly concern and/or aware of health. This is an opportunity of the project to ensure proper planning and implementation of the health programmes, and this is also a need requested by panchayat
- the interest of other districts (N24P, Howrah…) state (Sikkim) in the dynamic of the program and how the program reacted on that;
- the cyclone as an opportunity to show the Forum is able to react in a coordinated, effective way;
- Cooperation requested from departments other than health (social welfare; national tuberculosis control program; public health engineering)
- Help-desk in District Hospital of North 24 Parganas

What strategies and/or techniques were used to deal effectively with complexity?

- *Use of <u>mindshifts </u>and most significant changes as a coaching tool to monitor change of behavior (motor of the program!)*
✓ from doing (providing the services) to enabling (ex: women groups fighting against alcohol in Howrah…)
✓ from customer adapting to service to service adapting to customers based on their needs (health plan).
✓ From schemes to a more comprehensive approach towards health and health care. The schemes are tackling priority problems largely decided upon by policymakers and this in a fragmented, vertical way, not considering the other needs of the person and not considering him/her as a whole.
✓ from concentrating exclusively on schemes to focusing on issues, which are of prior concern of the population (adolescent nutrition; geriatric care; NCD; women's violence)
✓ from providing to community to involving the community (information board; case building)
✓ from ngo activities to community problem oriented strategies.
✓ 'what to do' it concentrates on 'how to do things'
✓ 'ngo activities' to 'community problem oriented strategies'
✓ 'fixed training' to 'needbased training'
- *Specific techniques used or developed which are appropriate to accompany change in this complex program:*
✓ Storytelling to grasp the real issues and to strengthen the advocacy strategy
✓ Case-building exercise (horizontal analysis): analyzing all services needed for a particular situation (ex: pregnancy) and then mapping which services are available/used and by whom, helps to get a view on a complex local health system and to analyse how it functions in practice. It helps to identify the major gaps and to orient the advocacy strategy
✓ Use of drawings to express complex situations, for instance the tool of 'RICH Pictures'. This involves groups spending 30-40 minutes drawing, from their collective understanding, main achievements in their area of work.
✓ Promotion of horizontal scaling up beyond the control of the program: cf. from VDC to VHSC (Village Health & Sanitation Committee); from SHG to CHCMI (Community Health Care Management Initiative), from GP to GP, from 1 district to another district, from ngo to ngo…. -> emergence of local leaderhip within these groups. Such a 'Peer to peer' sharing of knowledge and scaling up works well in complex situations because people know best their context
✓ Forming thematic groups to reflect more indepth on specific issues

What key mindsets and competences do individuals or teams need to better deal with complexity?

- Technical skill
- Communication skill
- Interpersonal skills,
- leadership skills,
- comprehensive view,
- documentation skills ….