

## D. COMMUNITY ACCESS AND EQUITY INITIATIVE (CAEI CELL)

### 1) IEC and other activities completed :

- **Hoardings**-displayed at all RHSDP facilities. Key message 'about the Project' and 'referral system'
- **Signboards**- at each facility-content- services available in the health care center. Room number, name of doctors, OPD days, specialists, MCHN services, etc.
- **Citizen Charter**-Booklet and display- Citizens Charter have been printed for every institution. Information on rights and duties of citizens' has been displayed on a board inside each center.
- **Task Specific** –decentralized funds to district level to organize need specific IEC, depending on regional requirement and climatic conditions, such as epidemic etc.
- **Margdarshika** – booklet on various health schemes for the BPL and detailed guidelines and procedures to obtain benefit under the same.
- **Folder**-a folder on ANC has been printed and distributed in the areas of ANC campaign as support tool.
- **Brochures**- English and Hindi brochures on the project have been printed at the PIU level
- **Posters** – posters have been printed and distributed to the districts. The themes are –BPL services, APL services, Referral system and the Project. Being used as tools during local media activities, Camps, and other health related events.
- **Local media activities** – funds decentralized to DPCs for implementing folk based local media activities at village level.
- **TV/Radio** – Discussions on key health issues. Educational films produced 'Kaho Kamla' on Referral system and 'Kahiye Kanuram' on importance of BPL card scheme and telecast.
- **Roadways Bus stand and panels**-\_Display panel inside roadways bus –key messages on BPL services and referral system. Display boards on Roadways bus stops in six tribal and three desert districts –key message- Referral system and institutional delivery.
- **Railway stations** –\_Display boards at district level (depending on availability of space) key message- referral system, institutional delivery etc.
- **Hoardings** at all Panchayat Samitis on Swasthaya Bima Yojna, Referral system.
- **PPP workshop (State level )**-A Consultative Workshop on PPP was held in which certain areas were prioritized for partnership such as operation of Diagnostics Center, Specialist Services, Mobile Clinics and Ambulance Services etc.
- **PPP Contract Documents**- Five PPP contract documents were finalized and submitted to the medical and health department for further use.
- **PPP Cell**-The cell has been constituted within the directorate. The objectives of PPP cell are: - To promote participation of private sector in public hospital; To manage hospitals support services on contract basis; To manage under utilized health institutions in rural areas.
- **VCD( village contact drive)**-To increase access to facilities for BPL and marginalized groups at CHC level by carrying out targeted IEC campaign, in catchment areas of CHCs renovated under RHSDP. VCD piloted in 4 tribal districts ( Chittorgarh, Dungargarh, Sirahi & Udaipur)

- **ANC campaign-** To increase the awareness for early ANC registration, immunization and institutional deliveries by carrying out the targeted IEC campaign in catchment areas of the identified districts. ANC campaign piloted in 3 districts ( Tonk, Jodhpur & Jhalawar).
- **Impact Evaluation of VCD and ANC campaigns-** To study the awareness of target groups about the health services available, as an impact of VCD. The study also includes measuring the qualitative aspects of the services offered to target groups under the campaign and analyzing the levels of the satisfaction among the target groups. This study has been conducted in two phases. **Final reports have been submitted by the agency.**

## II. Activities in progress:

- **Signage's and symbols** for all project facilities: prototype designs finalized and procurement under progress.
- **Film on RCH camps:** Script shared with all concerned and finalized.
- Proposal developed, to be aired on FM channel under progress of finalization.
- All type of IEC material (print and electronic) have been collected through DOMHFW and other vertical programs. List of designs to be printed finalized and will be shared with the DPCs prior to printing.
- **RCH Camps supported by RHSDP** – The ongoing RCH camps under NRHM are merged with Health Camps of RHSDP in nine selected districts and are titled as **RCH camps supported by RHSDP**. – The objective is to strengthen the outreach services for people residing in selected 6 tribal and 3 dessert districts.

-Five camps in a month are organized jointly by RHSDP & NRHM funds of 10,000 is from RCH and 40,000 from RHSDP respectively. Expenditure is booked as per activities shared. One additional camp is arranged purely by RHSDP depending upon the feasibility and actual requirement in field. Budget heads & allocation are as follows:

<b>RHSDP (40,000)</b>		<b>RCH (10,000)</b>	
Medicine	25000	Camps arrangement	4000
Referral transport	3000	IEC ( pre camp & during camp)	5000
POL/ Hiring	3000	Ayurvedic Medicine	1000
Specialist /TA/DA	5000		
Contingencies	4000		
	<b>40000</b>		<b>10000</b>
(Includes follow ups )			

-Monitoring of camp is joint responsibility of RCHO/ DPM & DPC.

-Reporting formats of RCH is same whereas reporting formats of RHSDP have been revised.

**Status:** ( Nov. 07 to March 08): **Total camps: 231 Beneficiaries: 82608**

(April 08 to Oct. 08): **Total camps: 334 Beneficiaries: 1,02,853**

- **Patient Counselor:** The objective is to empower the beneficiaries: especially the BPL and marginalized groups so as to improve their access to services upto secondary level hospitals at district and blocks level.

**Status:**

- In Phase - I, 38 counselors have been appointed at hospitals (100bedded and above) and were imparted with orientation at state level.
- In Phase- II, 32 patient counselors have been appointed at 50 bedded hospitals and 4 at district Zanana hospital.
- In Phase- III, about 45 counselors are being appointed at remaining 50 bedded hospitals and satellite hospitals. **Appointment in progress at district level.**
- **Total 85 counselors** are placed at 50 bedded and above hospitals.
- **Monitoring:** A methodology has been devised to monitor functioning of counselors reporting through formats, which are verified by the facility incharge. They are monitored against a set of indicators as per the monthly formats. Apart from this the counselors are maintaining the record of services provided by them on daily basis in separate registers. The feedback on patient satisfaction level from users in OPD, IPD, beneficiaries of various government schemes are being monitored on the basis of these records. To improve the monitoring system of counselors the reporting formats have been revised.
- **Local Media Activities at district level-** Activities decentralized at district level. Budget breakup and guidelines sent from PIU. Awareness on key health issues through popular folk media organized at village and facility level such as nukkar natak, puppet show etc.
- **Impact Evaluation of Tribal Strategy -** The objectives of evaluation are:
  - To determine which of the activities described in the TDP have been undertaken in the project. If certain activities have not been initiated, determine the reasons why. If alternative activities have been initiated, describe in detail the scope of these activities.
  - To undertake a detailed desk review of all available project documentation.
  - To assess the extent to which activities undertaken under the TDP have contributed to the Project Development Objectives (PDOs).
  - To estimate what proportion of project funds have been spent on the implementation of the TDP.
  - To elicit the views of all stakeholders e.g. tribal community members and leaders, NGO partners, field staff of various health programs, hospital staff at all levels of hospitals, RHSDP officials, GOR on effectiveness of the strategy as implemented by RHSDP..
  - To analyze the available data from the MIS, as well as data from the Health Camps.

**Status:** RFP issued to five short listed agencies and evaluation of proposals done, finalization of agency in progress.

- **IEC Agency for nine priority districts-**Agency for nine (6tribal & 3 desert) districts. The aim for hiring an agency would be to develop and implement an effective communications strategy which fulfills the following objectives:-

- assist PMU to finalize the IEC plan to be implemented over one year of the remaining project life in 9 identified priority districts;
- assist in the process of attitudinal change at all levels, particularly on health seeking behavior by reviewing and fine-tuning available messages to minimize barriers to accessing primary & secondary healthcare.
- design new messages appropriate to communication vehicle and (in consultation/coordination with the PMU) build a repertoire of communication materials— audio-visual, scripts for plays, jingles, themes and messaging for puppet/magic shows etc. ensure transcription into local languages to facilitate enhanced utilization of FOC services by BPL and poor;
- promote access to information and enhance collective knowledge by networking with appropriate local NGOs, agencies and performing artistes;
- provide supportive material for training and orientation of the 9 local consultants in the IEC plan as well as for the orientation of local groups;
- develop linkages with the monitoring and evaluation mechanism and address the issues/problems highlighted by the monitoring process, such as intensifying IEC activities in districts/facilities which show poor utilization of OPD services by BPL/tribal;
- increase awareness of the services provided under the project in tribal areas, and facilitate the implementation of IEC strategy for tribal districts.

**Status:** RFP issued to the shortlisted agencies and last date to receive proposals were 31<sup>st</sup> Oct., 2008. Evaluation done and in progress of finalization.