

## Health, Nutrition and Population Global Practice

# COMMUNITY ACTION FOR HEALTH AND NUTRITION IN NORTH EAST INDIA

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## KEY MESSAGES

- Responsibility for management of primary health services has been considerably decentralized in the state of Nagaland in the North East region of India through a “communitisation” strategy based on tribal governance structures.
- Health Committees have been established in most communities and health facilities, and in some cases have implemented significant improvements to health services. However, Health Committees face a number of challenges to their effective functioning.
- Knowledge and capacity-building of Health Committees combined with results-based financing (RBF) is proposed as way to strengthen community ownership and management of health facilities for improved health outcomes. The RBF strategy, providing increased financial resources for Health Committees, aims to incentivize community action on improving preventive behaviors and services as well as maternal and child health services.

## Introduction

Involving communities in monitoring of services is often undertaken, but involving them in directly managing health service delivery is less common. Incentivizing health staff to improve performance is increasingly popular in developing countries, but there are only a few examples of results based financing (RBF) focused on communities. With the support of the World Bank, both of these innovative approaches are being tried in the state of Nagaland in the North East region of India.

Nagaland’s population of about two million is mostly constituted of tribal communities. Building on tribal

governance structures, the Government of Nagaland enacted the 2002 “Communitisation of Public Institutions and Services Act” which transferred responsibility and resources for management of local services to community-level committees. The extent of devolution of responsibilities to community-level structures through this Act is quite unique in the Indian context. Its effectiveness in improving service delivery and community ownership and responsibility for health outcomes is, however, less clear. Thus, as part of World Bank technical assistance to the Government of Nagaland, an assessment of the current functioning of community-level committees was undertaken to better understand their role in improving health service delivery. This work informed development of

a strategy to strengthen communitisation in the health sector.

## Methodology

Fieldwork was conducted in the four districts of Phek, Tuensang, Dimapur and Kiphire, and involved visiting and interviewing 21 committees. This included seven Primary Health Centre Committees, 12 Sub-Centre Committees and two Village Health Committees. The team also consulted widely with stakeholders within and outside the state government.

The committees were assessed using a framework of analysis based on Falisse *et al.* (2012) and Rifkin *et al.* (1988). Based on information obtained during focus group discussions with committee members, health committees were assessed along five core parameters (on a scale for which 1 represents the poorest performance and 5 the best). Average values for all committees in each of the four districts are presented in Figure 1.

## Findings

The assessment found that there are functional Health Committees at most health facilities that were visited and that most committee members were motivated. In Tuensang district, with support from a faith-based organization, several committees have implemented significant improvements in health services as well as investments in other sectors, such as livelihoods, with an impact on health and nutrition.

However, overall, communitisation in health is still far from achieving its potential. As can be seen in Figure 1, the performance of the committees (on average) generally hovered around the middle, which indicates significant

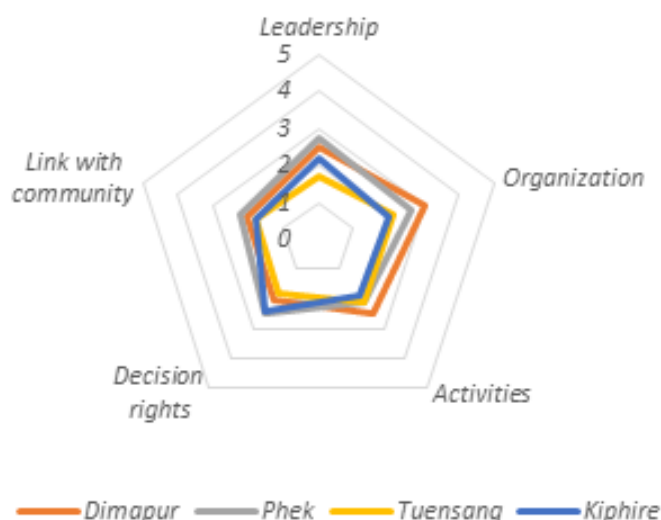
room for improvement. Some of the identified challenges are as follows:

- Committees are not always constituted according to the guidelines, especially with regard to involvement of women, and lack structured plans and budgets
- There is incomplete understanding of roles – many are still focused on monitoring, not managing. For instance, though the government guidelines mention that the committee is supposed to manage the health staff at the facility and has the power to withhold salary if a member of health staff is absent, committees do not seem to be exercising this right even in cases where an individual has not been at work for long periods.
- There is a bias towards spending on curative care instead of promoting preventive care (which should be the focus of sub-centres). Available funds are usually spent on drugs and furniture. For example, there is less focus on procuring equipment required for preventive care such as blood pressure meters needed for antenatal care check-ups that are supposed to be delivered by sub-centers.
- There is limited cross-sectoral coordination involving, for example, health, nutrition, and water and sanitation. For example, even though committees are expected to coordinate with the Village Nutrition Workers (Anganwadi Workers) to plan the Village Health and Nutrition Days (VHNDs), only a minority of the committees seemed to be doing so in practice.
- Health staff still take the majority of decisions with limited involvement of community members. In many cases community members have limited understanding of or access to records that are maintained by health staff.
- The management of facilities by committees from the nearest village can undermine outreach activities in other villages in the catchment area

In addition, the Health Committees function in a health system context is facing a number of important challenges, including:

- In many places, there is a visible infrastructure deficit as well as shortages of medicines and health personnel. For instance, some of the primary health centers visited did not have proper water supply or prerequisites for a well-functioning delivery room, even though they are meant to be delivery points.
- There is an inefficient distribution of operational resources at the facility level with salaries accounting for the major share of resources. Funds flow is limited and inconsistent.

Figure 1. Characteristics of Village Health Committees



- Particularly in remote areas, the referral chain linking villages, sub-centers and primary health centers is not functioning adequately. While higher-level facilities are meant to perform supervisory roles for the lower tiers, in cases where the primary health centers and sub-centers are located far apart, this is not happening since transport poses a major challenge.
- Data management and monitoring are weak, both due to issues of infrastructure (especially information systems and transport issues) and human resources. There are no standard reporting formats for communitisation-related records.

## Recommendations

The assessment clearly highlighted the need for a strong community engagement strategy (in addition to investments in health systems) designed to address the underlying factors (inadequate training and funds) responsible for many of the shortcomings in the functioning of the committees. The World Bank-supported Nagaland Health Project plans to implement such a strategy, using a two pronged approach:

### **1. Capacity Building**

Comprehensive capacity building directed not just at committee members but to other community-level stakeholders – such as village councils, health facility staff, women’s groups and representatives from religious organizations – will have the following objectives:

- To improve the community’s understanding of the communitisation policy, including roles and responsibilities at all levels;
- To promote a better understanding of the importance of preventive care compared to curative care;
- To support the community in developing an understanding of the proposed RBF approach; and
- To build skills towards achieving RBF target indicators and improving health and nutrition outcomes.

### **2. Results Based Financing (RBF)**

An RBF strategy will increase financial resources to Village Health Committees. RBF in health is defined as “a cash payment or non-monetary transfer made to a national or sub-national government, manager, provider or consumer of health services after predefined results have been attained and verified. Payment is conditional on measureable actions being undertaken.” (<http://www.rbfhealth.org/>)

Based on the fieldwork diagnostics and a supporting literature review, six to eight indicators have been identified at each tier (village, sub-center, primary health center) to

address some of the main identified challenges. The selection of indicators linked to financing was guided by the following objectives:

- To stimulate greater focus on preventive behaviors and care compared with curative care;
- To encourage more active management of health services by the committees;
- To reflect issues that are within the control of the committees and are relevant to the roles being performed at each level of the health system;
- To improve coordination and oversight between different levels of the health system;
- To improve health services important in the Nagaland context, specifically with respect to the maternal, newborn and child health continuum of care;
- To reflect a balanced approach in terms of ease/difficulty of achievement; and
- To promote advocacy by committees for broader health system bottlenecks to be addressed by the state government.

The selected indicators are a mix of input, process, output and outcome indicators, with the overall aim of improving health and nutrition outcomes (see Table 1).

Payment System: To begin with the committees are to be given a one-time grant on attainment of specified preconditions indicating a capacity and readiness to adopt and implement the RBF approach. The preconditions include constitution of the committee as per guidelines (including a woman member as a co-chair), opening of a bank account to receive financing and development of an action plan to attain results. This grant will help them undertake necessary tasks to achieve progress towards the indicators which are incentivized. Further financing to the committees will be contingent on the achievement of agreed results.

Reporting, monitoring and payment structure: In line with international best practice, (Fritsche *et al.* 2014), the monitoring mechanism will:

- Make maximum use of existing government systems and structures to ensure sustainability and minimize transaction costs;
- Promote the involvement of different tiers of the public health system; and
- Involve external agencies in a supportive role that tails off as the system becomes embedded.

The monitoring and payment structure will include:

- Quarterly reporting of performance and expenditure by the committees;
- Six-monthly verification by the district administration;
- Annual counter-verification by an external agency conducting spot-checks and sample community surveys; and
- Direct payment (bank transfer) to the committees from the state government, following approval at the state level on the basis of performance reports submitted through the district.

Post-natal care	It is important to strengthen the continuum of care for maternal and child health.
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**Table 1. Community RBF indicators**

Indicators related to	Reasons for inclusion
Behavior change communication	The committees need to engage their communities more than they are currently doing, specifically through behavioral change communication campaigns and encouraging preventive care.
Stock and equipment	Health facilities/workers require some basic equipment and stocks in order to deliver essential services.
Village Health and Nutrition Days	Village Health and Nutrition Days, organized by community-level workers, are a very important outreach platform to deliver coordinated services, especially preventive care services, and in villages that are far from a facility.
Birth registration	There is a need to increase accuracy of data about pregnancies and births, as well as to increase awareness about the benefits of birth registration.
Ante-natal care	Coverage of ante-natal care is quite low in Nagaland. Both quantity of services delivered and their quality need to be reflected.
Safe deliveries	Similarly, the rate of institutional deliveries is quite low in Nagaland. This indicator will ensure that women who deliver in health facilities receive the conditional cash transfers provided under a national program.

## References

Fritsche G.B., Soeters R, and Meessen B. 2014. "Performance-Based Financing Toolkit.." World Bank.

Falisse J.B., Meessen B, Ndayishimiye J and Bossuyt M. 2012. "Community Participation and Voice Mechanisms Under Performance-based Financing Schemes in Burundi," *Tropical Medicine & International Health* 17(5): 674-682.

Rifkin S.B., Muller F and Bichmann W. 1988. "Primary Health Care: on Measuring Participation." *Social Science & Medicine* 26: 931-940.

*This HNP Knowledge Brief highlights the key findings from the following World Bank-supported assessment:*

*Tom Newton-Lewis, Pooja Singh, Ruhi Saith, Prabal Vikram Singh and Kaveri Gill. 2014. "Design of Program to Support Communitisation in the Health and Nutrition Sectors in Nagaland: Situational Analysis and Strategy for Way Forward," Oxford Policy Management and Entrepreneur's Associates.*

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