Community Participation in UHC

Panel Discussion as part of National Conference on UHC

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Identifying and promoting strategies for bottom-up community participation

It is easy to invoke ‘bottom up’ participation but achieving it requires thought and bottom up planning.
Two visions of community participation
Yet there are proven benefits of genuine participation
Community / Women’s groups

Interventions based on Participatory Learning and Action (PLA) cycle:

- **Cycle 1**: a cycle of around 20 women’s group meetings focusing on *maternal and newborn health*

- **Cycle 2**: a cycle of around 20 women’s group meetings focusing on health of *women and children under five*

- Period = 9 months & 3 years
- Population covered = 2 28 000
- Area covered = 3 districts
- Interviews with 23,257 women
- Women’s groups = 244


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Newborn Mortality reduction

- Community mobilization starts in Intervention arm
Increase in facility deliveries

Decrease in Maternal deaths

<table>
<thead>
<tr>
<th>Year</th>
<th>% of facility deliveries</th>
<th>Number of maternal deaths</th>
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<tbody>
<tr>
<td>2008-9</td>
<td>30</td>
<td>40</td>
</tr>
<tr>
<td>2009-10</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>2010-11</td>
<td>40</td>
<td>15</td>
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</tbody>
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Expanded from 2 to 4 states

Bihar
Jharkhand
Madhya Pradesh
Orissa
Bottom up participation needs to be a clear mandate for CHWs and rewarded adequately
Linkages between the different levels of participation
Some specific recommendations

1. Before reforms of Health councils/VHSNCs- have micro level planning meetings

2. Role of CHWs in fostering community participation

3. Carefully think about how to link community participation to “IEC/BCC” so that these are not separate processes
Formative research and careful evaluation needed regarding the second CHW and Health Councils.
Addressing inequities: Universalisation + Soft Targeting
UNDERNUTRITION

Underlying cause for an estimated 35% of child deaths worldwide
Disproportionately affects the poorest
Thank you