

# CBMP-Maharashtra

Community Based Monitoring and Planning of  
Health Services in Maharashtra

Supported by National Health Mission

UPDATE – January 2015 - March 2015

**UPDATE**

## I. CBMP in Maharashtra expanded from 14 to 19 districts

The CBMP process is being implemented in intensive manner in 14 districts of Maharashtra, based on progressive expansion of the process over the last eight years. Besides this, a less intensive, low-resource model of CBMP based on voluntary initiative of CSOs has been developed in an additional 30 blocks since early 2014. A need was felt to include many of these blocks in the regular CBMP process, hence the CBMP process is now being expanded to five new districts, taking the process to 19 districts in Maharashtra.

The decision to this effect was taken in the meeting of the CBMP State Mentoring Committee, held on 26th March 2015 in Mumbai, under the chairmanship of Ms. Sujata Saunik, Principal Secretary, Public Health Department, Maharashtra. While deciding on the districts, representation of various geographical regions was considered, and districts included in the PESA Act were given priority, besides ensuring that in each of the selected districts, voluntary CBMP processes have been implemented at least in 2 blocks. Based on these criteria, the following new districts have been selected – Ahmednagar, Yavatmal, Sindhudurg, Bhandara and Sangli. Now the process of selecting nodal CSOs for these new districts has been initiated, following which full fledged CBMP activities would be implemented in these areas, this year.

## II. Impact of Jan sunwais – real stories of change

As mentioned in earlier updates, Jan sunwai (Public hearing) is one of the crucial strategies adopted during the CBMP process, for ensuring accountability and focussing on key issues of popular concern. The Jan sunwai is a dramatic manifestation of 'Direct Democracy' which leads to often prompt and effective redressal of popular grievances within the public health framework, while bringing the 'public' to the centre. There is information that Jan Sunwais have been discontinued as part of the CBMP process in certain other states, by officials who are perhaps apprehensive of these public accountability forums, thereby depriving the entire process of a critical medium for feedback and problem resolution. However, in Maharashtra, as part of CBMP nearly 500 Jan sunwais have been organised so far, and there are innumerable examples of long pending issues being brought to light in the Jan sunwai and being resolved in an appropriate manner, a few recent examples are outlined in this update.



## A Jan sunwai transforms Metikheda PHC

Issues related to the Metikheda PHC, were raised in the Jan sunwai held in Kalamb block of Yavatmal district, in February 2014. Prior to the Jan sunwai members of the Block level Committee and activists of the local organization Gramjyot, had visited the PHC and they found piles of garbage deposited across the premises. The mattresses and bed-sheets were not cleaned, toilets were not functioning, electrical wiring was displaced in a very hazardous manner etc. During this visit they specifically noted that these problems had been further accentuated for the physically challenged patients, especially as some of them need to move around with the help of their hands, and this was difficult given the filth in the PHC premises.

However, the picture changed drastically after these issues were raised in the Jan sunwai. The PHC premises are now cleaned up. The old, frayed electrical fittings were changed. The old mattresses and bed-sheets were replaced with new ones, the toilets were cleaned up. Also it was ensured that special priority was given to the physically challenged people, while providing health services. A healthy dose of democracy 'cured' the PHC of its 'ailments'!

## Most problems resolved within 15 days of the Jan sunwai!

A block level Jan sunwai was held in Kandhar block of Nanded district, in February 2015, and representatives of members of the Panchayat Samiti and the Zilla Parishad were present as panelists for the same. Due to the initiative of the panelists, 80% of the issues raised in the Jan sunwai, were resolved within 15 days. The issues raised were mostly concerning three PHCs – Panshevadi, Kurala and Pethwad. Lack of cleanliness was a concern in Panshevadi, while Kurala had a shortage of medicines. In Pethwad, the ambulance was non-functional and required some minor repairs. Besides these, a host of other issues were also presented – ASHAs in the block had not received their honorarium; non-availability of the Anti Rabies vaccine and Anti Snake venom, required in cases of dog-bite and snake-bite respectively; problems with electricity supply; JSY funds not given to beneficiaries; lack of basic facilities in the Rural Hospital etc.

The panel urged the authorities to resolve these problems within 15 days. A special meeting was conducted with the Block Health Officer after the Jan sunwai, to identify the issues which could be resolved at the block level. The specific problems mentioned regarding the three PHCs named above, were resolved, in fact one of the PHCs subsequently received an award for its cleanliness. This Jan sunwai and its effective follow-up showed that with proper social-political will, a lot of issues can be resolved at the local level itself. Shining the 'sunlight' of accountability is one of the best ways of dealing with the 'microbes' of unresponsive functioning!

## Towards prescription-free public health centres!



It has been widely reported that medicines worth Rs. 350 crores have been purchased at state level in order to convert all public health centres in Maharashtra into "Zero prescription health centres". But the implementation of this noteworthy objective is found to be variable. In the Sangola block Jan sunwai in Solapur district, the issue was raised repeatedly, that inadequate medicines are being given to patients in public health centres, so why does the Government make this claim of "Zero prescription health centres"?

Due to this complaint, the district health officials present at the Jan sunwai were induced to issue clear orders – if there is inadequate stock of medicines in the PHCs, they should be replenished using the RKS funds, and in case a patient still needs to be prescribed a medicine from outside, the cost of the medicine should be reimbursed from the RKS funds. Prior to the Jan sunwai, the RKS meetings hardly took place but after this order, the RKS members began to meet regularly, and subsequently, medicines have become available to all patients in the PHCs in Sangola block.

## Sub-centres stop charging for deliveries!

In Ausa block of Latur district, the organisations Samajik Sahayog and Rationing Kruti Samiti had together organized Jan sunwais for two consecutive years. In the first Jan sunwai, the issue was raised that the ANM residing in Tungi sub-centre was charging patients illegally for conducting deliveries. She was very efficient, and hence many women preferred to come to the Tungi sub-centre for their deliveries. But people demanded that these deliveries should be conducted free of charge. Despite this issue being raised in the Jan sunwai, the illegal charging did not stop.

The issue was raised again in the next Jan sunwai. This time the Medical Officer present in the Jan sunwai ordered that the concerned ANM should be suspended. The people did not want such punishment to be given, all they wanted was that the poor women should get public health services free of charge. The ANM realized her mistake and apologized to everyone in the Jan sunwai. Subsequently this illegal charging has also stopped. In ten months after the Jan sunwai, 205 deliveries took place in the Tungi sub-centre and 59% of them took place during the night. Given the lack of facilities in rural areas, and the high expenses incurred in the private sector, these figures are crucial and heartening. The credit for this goes to the Jan sunwai!

### III. Legislators come to forefront of the CBMP process

Various stakeholders play a crucial role in the effective development of the CBMP process. Promoting active participation of local MLAs in the process has shown good results - especially their presence in Jan sunwais, has raised the impact of the Jan sunwai to a different level. Certain stories during the last one year about how MLAs have taken note of key health issues, and have ensured definite actions especially in areas where the CBMP process has been recently initiated, are as follows:-

“ Stop callous behaviour towards patients immediately!” -  
-Sangram Thopte, MLA, Bhor constituency, Pune district.

The Bhor block Jan sunwai was held on 8th January 2015, and the local MLA was present in the capacity of a



panelist. He tried to understand the severity of the issues being raised – illegal charging for sonography services, patients being forced to purchase medicines from outside, despite medicine availability in the PHC etc. A serious case of a snakebite patient losing his life due to delay in treatment on account of unavailability of the doctor in PHC, was also reported. After listening to all this, Sangram Thopte strictly instructed the Medical Officers (MOs) present, “ Stop this callous behaviour towards patients immediately!” While some MOs tend to ignore patients'

grievances by taking leave on the Jan sunwai days, they were directed to attend due to the presence of the MLA. He appreciated the process of Jan sunwai and suggested that it should be done more often. He also assured that he would make attempts for setting up a "Trauma centre" in Nasarapur PHC.

## MLA takes a drunk doctor to task!

– Dadarao Keche, MLA, Ashti constituency, Gadchiroli district.

On 16th June 2014, a block level Jan sunwai was held in Ashti block of Gadchiroli. Citizens were present in large numbers and the Medical Officers and workers of all PHCs were also present. The local MLA, Shri Dadarao Keche was present there as a panelist. Lack of cleanliness in the PHCs, ASHAs not being regularly supplied with medicines and other issues were raised. Shri Keche took note of the issues and expressed his expectation for improvement to the concerned authorities. During the Jan sunwai, a complaint was made about a Block Medical Officer reporting to work in a drunk state. The MLA took very serious note of this issue and addressed the concerned BMO who was present at the Jan sunwai. Shri Keche did not mince his words, and warned the BMO of strict action and no mercy, if he was found drunk on duty again.



## CBMP process should be initiated in Yavatmal district!

– Raju Todsam, MLA, Ghatanji constituency, Yavatmal district

The local MLA was specially present for the block Jan sunwai of Ghatanji in Yavatmal district, held on 19th January 2015. It is notable that prior to the Jan sunwai, the MLA personally visited the health centres in the block and took stock of the health services available. Hence at the Jan sunwai, he was well aware of the genuineness of the complaints being made. The problems presented were of a severe nature - 21 infant deaths in three PHC areas in recent period; Medical officers and workers not staying on premises, hence round the clock services are not available; delivery services were not available. There was a specific complaint made about the MO of the Shivni PHC, that he took his salary regularly, without providing required health services. The MLA, having already ascertained the veracity of this claim, directly asked the authorities for a report of the action taken against the errant officer. He also asked the absent Medical Officers and health workers, to resume full duties within two days. Shri Todsam appreciated the Jan sunwai as a crucial platform for presenting problems related to health services and assured that he would follow-up at the state level, to ensure that the CBMP process is initiated in full-fledged manner in Yavatmal district. He also suggested regular review meetings under his chairmanship to solve problems related to Ghatanji PHC.



“Take immediate action against irresponsible doctors!”  
- Dr. Devrao Holi, MLA, Gadchiroli constituency,  
Gadchiroli district.

The block level Jan sunwai of Gadchiroli block, held on 24th February 2015, was remarkable because for the first time, the local MLA Dr. Devrao Holi, was in attendance. The Civil Surgeon and District Health Officer were also present for the Jan sunwai. The major grievances presented by people were related to the anganwadis- people presented evidence of incomplete construction and repair work. Besides this issues like lack of residential facilities, and inadequate water supply at Potegaon and Amirjha PHCs were also reported. People complained about illegal charging from patients in the Rural Hospital. Disturbed by these allegations, Dr. Holi ordered the authorities present at the Jan sunwai to take immediate action against the concerned irresponsible doctors. He also assured that to relieve inconvenience of the people, he would try for sanctioning of an RH in place of the PHC at Amirjha, and urged the District Health Officer to also send a proposal for the same.



Shortage of medicines is a grave issue – will be presented in the Legislative Assembly  
- Ganpatrao Deshmukh, MLA, Sangola constituency, Solapur district.



The Sangola block level Jan sunwai was attended by people from 20 villages. The senior local MLA, Ganpatrao Deshmukh tried to understand the problems related to health services being faced by the people. Some of the issues raised – a woman spent Rs.28,000 for delivery in the private sector, due to lack of proper attention in the PHC; demanding illegal charges from a woman for tubectomy; ASHAs of Javala PHC not being paid their honorarium since two years; bad physical state of some of the health centres etc. Reacting to the severity of the complaints made, the MLA told the authorities to suggest solutions, instead of explaining the causes of the problems. He also suggested that a complaint box should be kept in all health centres and that follow up should be undertaken

for filling of vacant posts at the earliest. He assured all efforts for resolving the various health issues, but specifically promised that the issue of shortage of medicines would be presented in the Legislative Assembly.

## IV CBMP in the transition phase

Certain processes have been introduced to sustain CBMP in the transition phase, enabling a more generalized model, stronger community ownership and organizational stability. Following are examples of initiation of such mechanisms along with their impact -

Federations of Monitoring and Planning Committees formed in Dharani block, Amravati district

For further strengthening and expansion of the CBMP process, and to explore the potential for implementing CBM related to other social services like ICDS, PDS, water supply - the need was felt to establish a

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broad, comprehensive and widely participatory forum at the block level. This led to the idea of developing a "Federation of Monitoring Committees". It has been envisaged that these Federations would play a critical role in the further development of community ownership of the CBMP process. With all this in mind, the process of formulating the federation was undertaken in Dharani block of Amravati district. The federation has incorporated active villagers involved in the CBMP process, local people's representatives, journalists, and representatives of CSOs and NGOs.



**Process-** In the 15 villages where CBMP process is being implemented, meetings were held with the VHSNCs, self help groups and other villagers, and based on this three active people were selected from each village. A meeting about the concept of the federations was held with these selected people, journalists, peoples representatives, and after discussion, a decision was taken to set up the Federation. It was decided that the federations should not be restricted to health services, rather issues like education, ration and employment should also be addressed. Accordingly, 4 sub-groups with 4 persons each were constituted, one each for Health, Education, Ration and Employment based on people's interest areas and expertise. Further a detailed capacity building was done for them on the concept of Federations, their role, with a focus on the particular issues which they had selected.

**Impact-** Since their formation, the federation has raised and resolved several issues. Some of them are as follows-

## ■ Healthcare -



"Quack" private doctors with no medical qualifications whatsoever were practising in Dharani block, and federation members came to know about this. The BMO, MO of the concerned PHCs and the members of the Gram panchayat were informed and the issue was also discussed in Gram sabhas. The BMO with assistance from the Federations, managed to take action against these quack doctors.

A discussion was also conducted in the Gram sabhas about the village level health services, anganwadi services, diet and nutrition. Follow up was done with the concerned authorities, for closing the gaps related to these services. The federation members actually visited six sub-centres in the block, took stock of the health services available and physically checked some of the registers. Based on this they suggested several measures to improve health services and also appreciated those health workers who had done excellent work.

## ■ Education -

Some families from Ranigaon village, due to lack of work in the village, had migrated out of the state to work with a contractor in Madhya Pradesh. 75 children from these families, studying in primary school had also migrated and there was a likelihood of their education being discontinued. Taking this into account, a federation member sent a memorandum about this to the Zilla Parishad CEO and the BDO. They even explained the situation to the contractor and demanded to bring all 75 children back to the village. Besides, a seasonal hostel was set up

through the suggestion of the Federation members, and the children were re-integrated into the education system.

The federation members also visited the Ashramshalas (residential schools especially for marginalised boys and girls) in Ranigaon, Kutanga, Chikhli and Bijudhavadi and took information from the girls about their living arrangements, food, water, cleanliness, toilets etc. Several problems like lack of cleanliness, problems in living arrangements and bad quality of food came up. These were noted in the comments/complaints register and discussions were conducted with the Principal for resolving the issues.

#### ■ Livelihood (Employment Guarantee Scheme)-

Timely work allotment was not being done to the villagers under the Employment Guarantee Scheme, the Federation members had received several complaints about this. They spoke about this to some villagers who had actually undertaken work under the Employment Guarantee Scheme and also to the concerned authorities. Several issues came up in these discussions – delay in planning of work, and then claiming non-availability of work, remuneration for the work not being given in time, siphoning off money by including bogus names (of dead people) etc.

Federation members presented these critical issues to the authorities and threatened legal action against cheating people. The issue was reported to concerned authorities at the block level and hence improvements took place immediately.

#### ■ Public distribution system (Rationing)-

During the period of Diwali, the stipulated food-grains and sugar were not being given to people and the shop keeper was also avoiding giving the receipt for the same. Upon receiving this complaint, the Federation took the shop-keeper to task and also sent a memorandum to this effect at the block level. The issue was also raised in the Jan samvad conducted on social issues. As a result, people have now started getting regular ration supplies.

### Community Action Resource Units (CARU) launched effectively in Purandar block of Pune district and Dhadgon block of Nandurbar district

In February-March 2015, the CARU was initiated in Purandar block of Pune district, as part of the community monitoring process. One of the important tasks for the CARU is selection of volunteers from across the block and accordingly 10 male and female students were selected to facilitate village level monitoring activities in a large number of new villages. They were then given training on human rights, health rights, government schemes and services available at the village level, and each volunteer was given the responsibility of 3 new villages. Hence

these volunteers took the CBMP process to 30 new villages in Purandar block. They ensured re-formation / strengthening of the Village Health Committees, they conducted a series of at least three meetings in each village, including meetings in marginalized hamlets. They collected information about health services, organised meetings and based on this entire process, a poster documenting the condition of health services in the village was prepared and displayed in the village.



The volunteers themselves found this process very useful and empowering, as the training added to their knowledge and also helped build their understanding of health issues. They reported feeling very satisfied with this work as it helped resolve some health issues at the village level. Also learning about the health services available and the amount of money being spent by the government for providing these, changed their perspective towards Public health services, and many of the activists themselves began to avail of these services.

*For example, the wife of one of the activists had delivered a baby and had gone to her parents place in Bhor. When she took the baby for immunization in Bhor, the nurse refused saying that the baby can only be immunized at the place of delivery. The activist spoke to seniors in the organization and on getting confirmed information, he spoke to the concerned nurse saying that immunization is a national programme and the baby being a resident of India, should get immunization services anywhere.*

In Dhadgaon block of Nandurbar district, Narmada Bachao Andolan (NBA), through a newspaper advertisement, selected 20 volunteers in December 2014 and these volunteers took the CBMP process to 60 new villages, thus taking the CBMP process to a total of 90 villages in the block. Initially these volunteers received a two-day training to enable them to start working. Subsequently they received follow up training, based on this the volunteers undertook community monitoring activities in almost all the PHCs in the Dhadgaon block and the villages under these PHCs. The community processes such as creating awareness, establishing the village health committees, collection of information and preparation of report card, were undertaken.

As a result of these processes, issues related to all the PHCs in Dhadgaon block were raised during the block Jan sunwai for the first time. The BMO immediately issued a letter asking the NBA activists to constitute monitoring and planning committees in all PHCs, thus bringing all PHCs of the block within the purview of CBMP.

## V. Launching of 'Arogya Abhiyan 2015', with a unique 'Arogya Yatra'

The National Rural Health Mission (now included as part of the National Health Mission) is completing 10 years of eventful implementation in April 2015. As part of NRHM, Community based monitoring of health services has also this year reached a milestone of completing eight years in some blocks and three to five years in other blocks. This is an appropriate time to take stock of the positive impacts of NRHM and CBMP; there have been improvements in several aspects over the years – for instance increase in institutional deliveries, more regular village visits by health workers, improved behavior towards patients, availability of timely referral services, reduction in prescribing outside medicines, etc. *These are significant developments which need to be publicly recognised.*

*At the same time, certain unresolved issues remain, and specific local and policy level gaps need to be addressed. Hence to ensure positive response from responsible health authorities, to strengthen both local social-political will and administrative commitment to resolve key unresolved issues that have emerged from the CBMP process, the coalition of civil society organisations involved in this process in Maharashtra launched the state level campaign- 'Arogya Abhiyan 2015 -To ensure Guaranteed health services.'*



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This Abhiyan began with a unique Arogya Yatra which started on 24th February 2015, with the slogan – 'बदल घडतो आहे, बदल घडवू या!' ("Changes are taking place, Let us take forward change!"). As a part of the yatra, two teams travelled to a total of six districts between 24th to 28th of February. One team visited Aurangabad, Beed and Osmanabad districts while the other visited Pune, Raigad and Thane districts. Medical students, journalists and social activists were a part of this yatra and their itinerary included visits to health institutions, participation in village meetings and Jan Arogya Sansads (People's Health Assemblies) at block/district level in the mentioned districts. They interacted with members of monitoring committees, medical officers, health workers and people's representatives through interviews and through the Jan samvads, with an effort to understand the changes taking place in the health services, and perspective of stakeholders towards the CBMP process, in context of completing ten years of NHRM.

As a preparation for the yatra, report cards for these districts were prepared based on 15 basic village, Sub-Centre and PHC level health service guarantees. These report cards formed the basis for the Jan Arogya Sansads (five assemblies were at block level and one at district level in Pune) which were attended by District and Block level elected representatives, health officials and workers, members of Monitoring and Planning Committees, local journalists etc. Around 100 to 300 people were present for each of the Jan Arogya Sansads.

These report cards indicate that significant progress has been made in some guaranteed services in these CBMP districts, at the village, sub-centre and the PHC levels, during the decade after NRHM, due to the synergy established between NHM and the CBMP processes. However, several gaps still remain and further continued efforts will have to be made to fill these gaps.

## PHC level services

Regarding PHC level services, the figures show that out of 23 PHCs, 100 % are providing essential medicines and do not prescribe medicines from outside, while in 81% of the PHCs, illegal charging beyond the price of the case-paper, has been stopped.

Guaranteed Services showing significant improvement at PHC level		
No.	Issues	% of PHCs
1.	Guarantee of medicines not being prescribed from outside	23/23 (100%)
2.	Guarantee of availability of drinking water for patients in the health centre	5/6 (83%)
3.	Guarantee of no extra charges from patient beyond case-paper charges	20/23 (81%)
4.	Guarantee of blood, urine and sputum tests being available at the PHC	17/23 (74%)

However, concerning cleanliness of the health centre, availability of residential facilities for doctors and staff and the issue of doctors reporting to work regularly and punctually, the good ratings were in the range 56-64% indicating need for significant further improvement.

Guaranteed Services which have shown moderate improvement		
No.	Issue	% of PHCs
1.	Guarantee of regular cleanliness in the health centre	14/22 (64%)
2.	Guarantee of 24 hours services for normal delivery in the PHC	13/22 (59%)
3.	Guarantee of doctors and staff residing at places where appropriate facilities for their residence are present	13/23 (56%)
4.	Guarantee of doctors and workers being regularly and punctually present for work	13/23 (56%)

## Sub-centre level services

In terms of sub-centre services, among 67 sub-centres in 5 blocks, 78% of the sub-centres show good immunisation services. But in the sub-centres of these blocks, the situation of staff residing at the centre (45%), regular cleanliness (43%), and availability of round the clock (24 hours) normal delivery in the sub-centre (34%) all these are in unsatisfactory condition.

Guaranteed Services at sub-centre level and % good situation		
No.	Issue	% of sub-centres
1.	Guarantee of regular immunisation service at the sub-centre	52/67 (78%)
2.	Guarantee of regular medicines and treatment being available in the sub-centre	44/67 (66%)
3.	Guarantee of regular referral services for every patient in need	34/55 (62%)
4.	Guarantee of facility of drinking water being available for patients in the sub-centre	35/67 (52%)
5.	Guarantee that all sub-centres will be regularly opened	30/67 (45%)
6.	Guarantee of health worker residing at the sub-centres where residential facilities exist	30/67 (45%)
7.	Guarantee of sub-centre being regularly clean.	29/67 (43%)
8.	Guarantee of 24 hours services for normal delivery in the sub-centre	23/67 (34%)

## Village level services

The assessment indicated that within village level services, 115 out of 158 villages (73%) reported that the condition of referral services for women in labour and for serious patients is good. The guarantee of ASHA being appointed and functional in each village is also good, at 85%.

Guaranteed Services and % improvement		
No.	Issues	Total
1.	Guarantee of ASHA being appointed and functional in each village	135/158 (85%)
2.	Guarantee of referral services from village for every pregnant woman and serious patient	115/158 (73%)
3.	Guarantee of minimum 2 village visits of health workers per month for immunisation	108/158 (68%)

The culmination programme of this Arogya Yatra was conducted in Pune on 2<sup>nd</sup> March 2015. Dr. Anant Phadke, who is a senior health activist and popular writer on Health issues in Maharashtra was present for this culmination programme as the Chief Guest. Dr. Abhay Shukla, Member, Advisory Group on Community Action, NHM, Medical students from B.J. Medical College, senior journalists who were a part of the Arogya Yatra, and representatives of Civil Society organisations involved in the Community Monitoring process, were also present.

At the beginning of the programme, the participants shared their experiences of the Yatra and expressed that as part of this yatra, through CBMP, they got the opportunity to actually interact with the people, Government doctors, health workers and people's representatives. They participated in the Jan Arogya Sansads, in which people actually present their problems before the authorities, and they also observed that authorities do respond to the people. They understood issues linked to health services like vacant posts, poor quality construction, funds not being received on time etc.

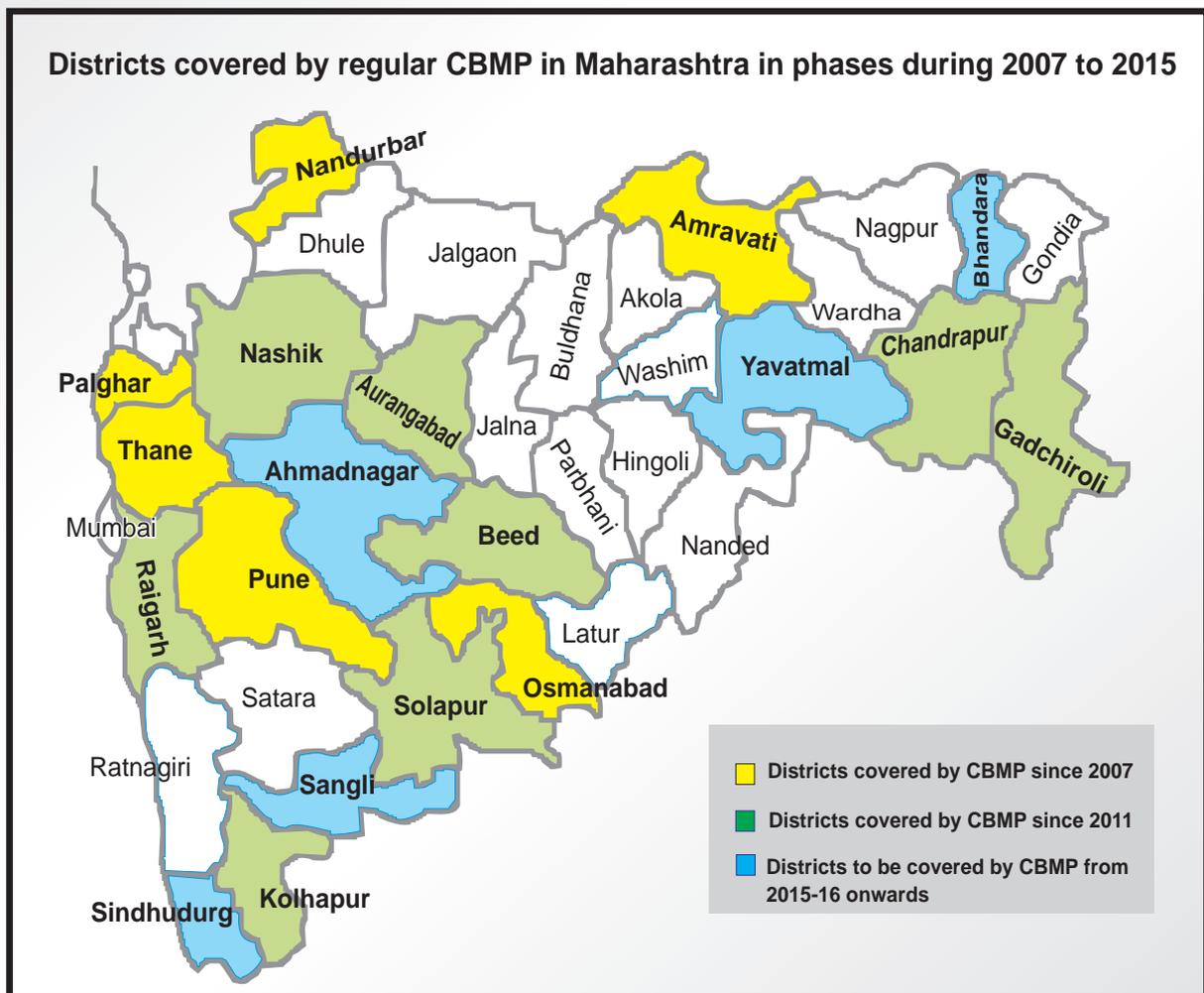


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In each Jan Arogya Sansad and in the various meetings, there had been a discussion about sending a letter with concrete demands to the Health Minister of Maharashtra. People participating in each mass programme read a set of proposals emerging from NRHM and CBMP in Maharashtra, and endorsed these proposals with signatures. Accordingly at the end of the yatra, a letter with the following proposals, which was endorsed with approximately 1500 signatures from across of Maharashtra, is being sent to the Health Minister.

- The NRHM has resulted in important improvements in health services in rural areas. Hence instead of reducing funds for public health services, necessary increase should be made and human resources should also be increased to adequate level.
- District and state level issues which have emerged from the CBMP process, but which remain unresolved, should be resolved on a priority basis.
- Considering the fact that community based monitoring of health services has contributed to large number of positive changes in health services, this process should be replicated all over Maharashtra.



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