Best Practices in Governance

NGC

LBSNAA
Lal Bahadur Shastri National Academy of Administration

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Objective

The Lal Bahadur Shastri National Academy of Administration is a premier training institute of the country. It conducts administrative training for officers of the Civil Services in India. National Gender Centre is one of the National Centres run under the aegis of LBSNAA. The NGC along with active support from UNICEF decided to document some Best Practices in governance from various parts of the country.

After a process of diligent research and analysis, a corpus of possible Best Practices was drawn from across the country. A Research Questionnaire was designed to investigate the current status of the programs in the field. The questionnaire was administered both in a printable and an online format to the officers in field who had adequate knowledge of government structures and processes.

On the basis of the results of the questionnaires, officers related to the selected Best Practice have been invited to the LBSNAA to make a detailed presentation on their program/scheme. After a process of selection by a distinguished jury, the chosen practices will be documented in a Case Study format. They will then be used for the purpose of classroom teaching in the Academy. They will serve as a motivating force and encourage the spirit of innovation among the young probationers who are in a phase of transition to administrators.

This booklet lays out the outlines of various probable Best Practice programs/ schemes for which a questionnaire was administered. A schematic description is followed by the filled –in questionnaire which presents the actual situation in field. Along with this, presentations, reference material and photographs have been added to give a broad picture on the Best Practice under consideration.

1. ETC- Education and Training Centre for children with disability, Navi Mumbai, Maharashtra.

Under this a Special Centre was set up under the aegis of Navi Mumbai Municipal Corporation, to impart remedial education, therapeutic treatment and rehabilitation programs for persons with disabilities. The centre provides state-of-the-art facilities to the disabled and also guides the guardians on different aspects of care giving. The centre head Dr.Varsha Bhagat has been a pioneer in this initiative which won the PM's Award for Excellence in Public Administration for the year 2009-10.

CASE STUDY QUESTIONNAIRE

Our aim is to develop Case Studies on Best practices in Governance selected from various parts of the country. They will be used as a teaching aid for the various training programs undertaken by the LBSNAA. As a first step in that direction, we present a survey questionnaire for your kind perusal. This questionnaire aims to seek your valued assessment on the given parameters in order to obtain a holistic picture about the scheme under consideration. Please feel free to add any other information that you deem as necessary for an understanding of the achievements of the program.

1. **Since how many years has this scheme / program been running?**

   - Less than 3 years ☐
   - 3-5 years ☐
   - More than 5 years ☐

2. **Who are the target beneficiaries?**

   Persons with Different Abilities

3. **What is the estimated number of beneficiaries covered under the program?**

   - Less than 25,000 ☐
   - 25,000-50,000 ☐
   - More than 50,000 ☐

4. **What is the administrative framework that has been created to operationalise the program?**

- Government institution ☐
- Community institution ☐

5. **Has any executive order been passed to institutionalise the administrative framework?**

Sanction by Navi Mumbai Municipal Corporation

6. **Who are the major stakeholders in this program?**

- Navi Mumbai Municipal Corporation
- Persons with Different Abilities (PWDAs)
- Parents of Children with Different Abilities
- Trainers and Teachers skilled and qualified in Special Education
- Community at large

7. **Does this programme include community participation? If yes, then, how?**

It is run, managed and funded by the Navi Mumbai Municipal Corporation therefore, community participation is ensure by General Body Meeting, Standing Committee Meeting and other meetings at the Municipal Corporation. Besides, there is frequent system of feedback from students, parents, teachers which is taken seriously as there is a system of feedback assessment in the Institute**.**

8. **What are the sources of funding for the program?**

- Government ☐
- Community ☐
- Others (please specify) ☐

9. What are the program deliverables?

All education options under one roof, free education & training, free door to door transport service, free nutrition, regular health checkups, speech therapy, language therapy, physiotherapy, occupational therapy, psychological counselling, parents' training and guidance, training regular school teachers, observation & practice training, disability related diagnosis etc.

10. Has the program been successful in achieving them?

I visited the entire institution and found the institution was very good in terms of infrastructure, staff skills, trained teachers, motivated directors and satisfied parents. The institution has actually achieved great heights in terms of accreditation by the National Accreditation Board for Education & Training under the Quality Council of India. This is first of its kind for any such institution.

After getting the Prime Minister's Award, the institution has moved to a new location wherein they have constructed a four storey completely barrier free institution with all required facilities.

In many respects, the institution seems to have improved after the PM's award. Particularly, the Accreditation by the Quality Council of India has added another feather in its cap.

11. Is there a mechanism to receive feedback on the program from the beneficiaries?

Yes.

I have seen feedbacks filled by students, parents and teachers. Also, the institution maintains a feedback assessment register in which they take note of all feedback and take action over them.

12. What are the changes made, if any, to meet unanticipated challenges arising during the progress of the program?

Yes.

Infrastructure wise, it is probably the best in India. I have visited other such institutions in Thane district during my training. But ETC is par excellence in terms of infrastructure. They have got all modern equipments and techniques to teach the specially abled children

along with a highly motivated staff which works under the visionary leadership of Miss Varsha Bhagat, Director ETC for PWDA.

13.Has the program been replicated elsewhere? If yes, where?

I am told that the Institution has been approached for this and Miss Varsha Bhagat has made several presentations to other Municipal Corporations. However, I don't have any information about its replication in other areas.

14.an this initiative be used as a Best Practices Model Case Study for enabling learning at LBSNAA, Mussoorie? Kindly give reasons for your answer.

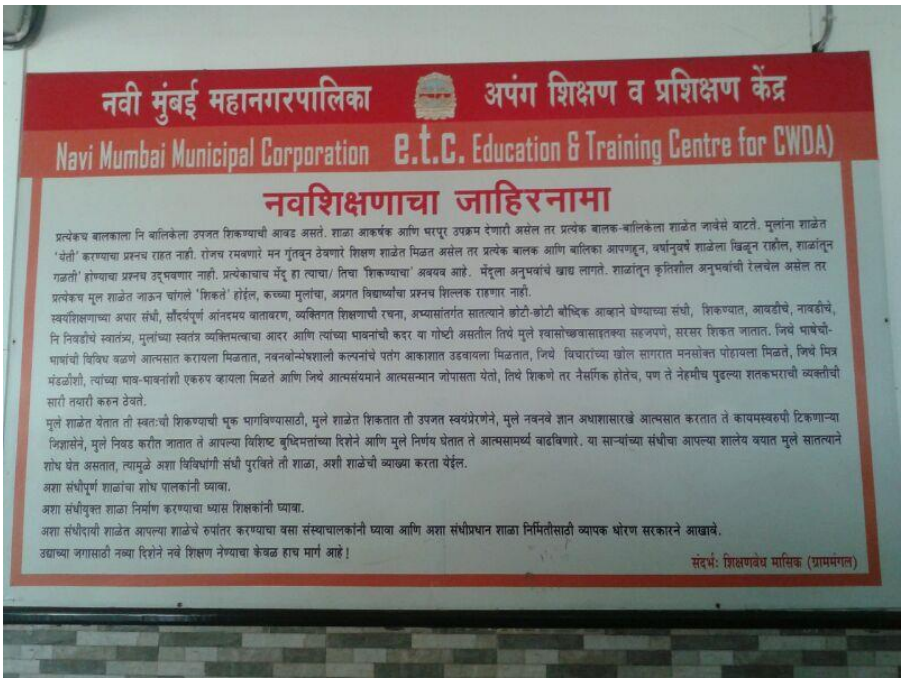
Certainly.

1. The institution is a success story of what can be done under the aegis of Local Self Government Bodies.
2. It is a success story of vision of Miss Varsha Bhagat which got whole hearted support from the then Municipal Commissioner Shri Nahta (IAS).
3. It is an example of efficiency and effectiveness of government.
4. It is very good in terms of infrastructure, staff strength, facilities etc.

15.Any other comments

The only negative point that I found in the ETC was that the institution serves only for those persons who stay within the limits of Navi Mumbai Municipal Corporation. Hence, the institution essentially serves the urban clientele whereas need for such institution is more in the rural areas. I have suggested Miss Varsha Bhagat to have the institute replicated for rural Thane. Probably, the Zilla Parishad has to seriously think about having such institution under its aegis in order to benefit large number of such children in rural Thane.

Here are some images sent with the questionnaire to give a broad idea about the program:



2. Delivering Services in Challenging Environments- Teunsang district, Nagaland

This is an innovative PPP model of equity based programming which achieved convergence on various aspects of livelihood management in the hilly, tribal regions of Teunsang district in Nagaland. It was actively supported by community participation and covered various sectors including health, sanitation, drinking water ,soil conservation and watershed development.

CASE STUDY QUESTIONNAIRE

1.Since how many years has this scheme / program been running?

- Less than 3 years ☐
- 3-5 years ☐
- More than 5 years ★

2.Who are the target beneficiaries?

Entire Villages in Tuensang District, HIV Patients, Women across the district & neighbouring districts like Mokokchung & Zunheboto.

3.What is the estimated number of beneficiaries covered under the program?

- Less than 25,000 ☐
- 25,000-50,000 ☐
- More than 50,000 ★

4.What is the administrative framework that has been created to operationalise the program?

- Government institution ☐
- Community institution ★

5.Has any executive order been passed to institutionalise the administrative framework?

PPP Mode with Nagaland Government (1st in Nagaland).
Signed MoU with Health & Family Welfare Department in 2010 (Collaboration with RSBY).
But almost 80% works done by the community only.

6.Who are the major stakeholders in this program?

SHG's, Dolen Thangjam(Community Development board), Village Council, Village Development Board(VDB), Church.

7.Does this programme include community participation? If yes, then, how?

Yes. It is managed by the community including fund rising, infrastructure development, decision making & Governance.

8.What are the sources of funding for the program?

- Government ☐
- Community ☐
- Others (please specify) ☐

NRHM, NABARD, Shri Ratan Tata Trust, SHG, MGNREGA & Innovation fund.

9.What are the programme deliverables?

Health services at the grassroot level, credit linkage, water & sanitation services, Irrigation & agriculture, Marketing nonformal education (traditional institution revival).

10.Has the programme been successful in achieving them?

Yes. Also organised surgical camps in April 2014 in Tuensang.

11.Is there a mechanism to receive feedback on the programme from the beneficiaries?

Review system- Monthly group review.
Dolen Thangjam(Community Development board)- Review.
Church review.
Community audit- through joint liability group.
Audit through the funder.

12.What are the changes made, if any, to meet unanticipated challenges arising during the progress of the programme?

In the absence of government delivery system, the challenge was to convince the community to come and participate.

13Has the programme been replicated elsewhere? If yes, where?

Longleng district(Nagaland)- Phom Lemong (Church)

Noklak, Tuensang district (Nagaland)- Tribal Council& church Association.

Zunheboto district, Nagaland- by Mokokchung district EDOU bank-SHG's.

14.Can this initiative be used as a Best Practices Model Case Study for enabling learning at LBSNAA, Mussoorie? Kindly give reasons for your answer.

Yes. This involves convergence of various services to fill the need & successful running of the same.

15.Any other comments

This can be treated as one of the best practices & can be replicated in other parts of the country, provided this program gets a national attention.

3. Wheat Procurement in Harda – streamlining and bringing transparency, Madhya Pradesh

This is a government initiative to streamline the wheat procurement process in Harda district of M.P. The systemic innovations resulted in setting up of an efficient system which resulted in benefit to farmers and weeding out of middlemen.

CASE STUDY QUESTIONNAIRE

1. **Since how many years has this scheme / programme been running?**

   - Less than 3 years ☐
   - 3-5 years ☑
   - More than 5 years ☐

2. **Who are the target beneficiaries?**

   Farmers who are resident of this district and are growing wheat.

3. **What is the estimated number of beneficiaries covered under the program?**

   - Less than 25,000 ☐
   - 25,000-50,000 ☑
   - More than 50,000 ☐

4. **What is the administrative framework that has been created to operationalise the program?**

   - Government institution ☑

- Community institution ☐

5. Has any executive order been passed to institutionalise the administrative framework?

Initially Government of Madhya Pradesh issued formal order to institutionalize the administrative framework of district officers. All the major departments related to wheat procurement were directed to coordinate for effective implementation of this scheme.

6. Who are the major stakeholders in this program?

a) Government of Madhya Pradesh.

b) M.P. State Civil Supplies Corporation (A Govt. of MP Corporation).

c) All Mandi's (4) of Harda district.

d) Farmer / wheat grower of district.

e) National Informatics Centre- being the sole coordinator for software development, software implementation, training computer operators & Information Communication Technology support.

f) Madhya Pradesh State Warehousing Corporation- for lifting and stocking of purchased, wheat.

g) Food Corporation of India.

h) Cooperative Banks.

i) Cooperative Societies (52).

7. Does this programme include community participation? If yes, then, how?

YES, Agriculturist / Farmers of Harda district are participant of this programme. They are informed to bring their product only after getting SMS through call network to the given mandi, where their product is being purchased by Agencies.

8. What are the sources of funding for the program?

- Government ☑
- Community ☐
- Others (please specify) ☐

9. What are the program deliverables?

a) To control the Influx of farmers in a big number, resulting in chaos.

b) Control over the quality of wheat procured.

c) Regular / Timely payment to farmers.

d) Complete eradication of middle man.

10. Has the program been successful in achieving them?

YES, deliverables are very successfully achieved.

11. Is there a mechanism to receive feedback on the program from the beneficiaries?

a) Yes, every purchase centre and Mandi is having a suggestion book, where farmer can give their suggestions.

b) Farmers can directly speak to concerned authority, about any issue related to this program.

12. What are the changes made, if any, to meet unanticipated challenges arising during the progress of the program?

Arrangements for payment to farmers were make more effective. Rather than making payment by cheque to farmers, arrangement was made to pay money in their bank account directly.

13. Has the program been replicated elsewhere? If yes, where?

YES, after successful implementation in Harda district, Government of M.P. replicated this programme in all districts of Madhya Pradesh for wheat / paddy procurement.

14. Can this initiative be used as a Best Practices Model Case Study for enabling learning at LBSNAA, Mussoorie? Kindly give reasons for your answer.

YES,

a) Systematic registration (better procurement of wheat) of farmers started here to control the unwanted mob.

b) Systematic payment (within 07 days) in farmer bank account directly.

c) Control over law / order in district.

d) Across the country, in any state where general public is being invited for any reason by Government agency, this practice can be used to control the in and out flow of public.

4. Sickle Cell Anaemia Control Program, Gujarat

This is a model of Government- NGO partnership benefitting one of the most underprivileged section of society- the tribals. Under this program, the tribal population is screened and counseled on Sickle Cell Disease and its related ailments .This has helped to significantly reduce the chronic incidence of this life threatening condition in the tribal districts of Gujarat. This program has received the PM's Award for Excellence in Public Administration for the year 2009-10.

CASE STUDY QUESTIONNAIRE

1. Since how many years has this scheme / program been running?

- Less than 3 years ☐
- 3-5 years ☐
- More than 5 years ✓

2.Who are the target beneficiaries?

Beneficiaries are tribal persons and children above the age of 6 months. Screening is done at new born, pre-natal, ante-natal, adolescent and adult life stages.

3. What is the estimated number of beneficiaries covered under the program?

- Less than 25,000 ☐
- 25,000-50,000 ☐
- More than 50,000 ✓

4. What is the administrative framework that has been created to operationalise the program?

- Government institution ✓
- Community institution ☐

5. **Has any executive order been passed to institutionalise the administrative framework?**

Yes. Dated 9/7/2012.

6. **Who are the major stakeholders in this program?**

- Department of Health and Family Welfare Gujarat
- Valsad Rakt Dan Kendra
- Indian Red Cross Society
- PHCs, CHCs, Medical Colleges
- Tribal Population

7. **Does this program include community participation? If yes, then, how?**

Before testing, group meetings are held at village level by health workers. Benefits of screening are explained to people.

8. **What are the sources of funding for the programme?**

- Government ✓
- Community ☐
- Others (please specify) ☐

9. **What are the program deliverables?**

- No Sickle Cell Disease childbirth by 2020.
- Prevention of death from Sickle Cell Crisis.
- To improve health status and quality of life of Sickle Cell Anemia patients.

10. **Has the program been successful in achieving them?**

- Program is still under implementation.
- It is on course to achieve its objectives.
- It follows a step by step approach with regards to screening and testing.

11. Is there a mechanism to receive feedback on the program from the beneficiaries?

- Disease counselling by program counsellors
- Treatment and follow up
- Marriage counselling

12. What are the changes made, if any, to meet unanticipated challenges arising during the progress of the program?

- The process of screening was outsourced in 2012. It led to a huge jump in monthly screenings. Average annual screenings were around 3,00,000 from 2006 to 2012. But last year, it increased to around 18,00,000.
- A process of continuous blood sample collection was started for better diagnosis.
-

13. Has the program been replicated elsewhere? If yes, where?

Program is operational in all tribal districts of Gujarat.

14. Can this initiative be used as a Best Practices Model Case Study for enabling learning at LBSNAA, Mussoorie? Kindly give reasons for your answer.

Yes. It is a good example of a very specific health related initiative taken up successfully to solve a health problem which primarily impacts the underprivileged tribal population. The initiative efficiently uses the governmental institutions, workers and resources. It is based both on prevention and treatment methods.

The program has seen a tremendous jump in screening levels after the process of screening was outsourced.

15. Any other comments

Full awareness in tribal population can give a major fillip to the program and help it achieve its objective even more quickly.

5. Village Health and Nutrition Day, North Tripura district, Tripura

This is a model of inter departmental convergence for activities related to health, nutrition, drinking water and sanitation. It made possible, the delivery of several health related services to a large population on a single day in a remote North Eastern part of the country.

CASE STUDYQUESTIONNAIRE

1. **Since how many years has this scheme / program been running?**

   - Less than 3 years ☐
   - 3-5 years ☑
   - More than 5 years ☐

2. **Who are the target beneficiaries?**

   Any person in the village who wants to avail services related to Health and Nutrition

3. **What is the estimated number of beneficiaries covered under the program?**

   - Less than 25,000 ☐
   - 25,000-50,000 ☐
   - More than 50,000 ☑

4. **What is the administrative framework that has been created to operationalise the program?**

   - Government institution ☑

- Community institution ☐

5. **Has any executive order been passed to institutionalise the administrative framework?**

   Yes, Executive Orders have been issued from the district level to operationalise the scheme. An institutional framework has been developed with earmarked responsibilities for functionaries of various departments.

6. **Who are the major stakeholders in this program?**

   Prominent stakeholder is the entire village Community. Apart from them, administrative departments viz. Health, DWS, SW & SE, School Education etc. who attend such programs are also stakeholders in the program**.**

7. **Does this program include community participation? If yes, then, how?**

   The program includes community participation mainly for awareness generation and participatory management. The community arrange cultural activities like folk songs, drama etc. about government schemes and programs related to health and nutrition.

8. **What are the sources of funding for the program?**

   - Government ☑
   - Community ☐
   - Others (please specify) ☐

9. **What are the program deliverables?**

   Deliverables are making available avenue for availing assured , time bound delivery of health and nutrition services at village level and awareness generation about government schemes in these sectors.

10. **Has the program been successful in achieving them?**

    Yes

11. Is there a mechanism to receive feedback on the program from the beneficiaries?

Feedback in the scheme is inbuilt as it is a continual program and feedback about previous program may be provided at the next program

12. What are the changes made, if any, to meet unanticipated challenges arising during the progress of the program?

Fund allocation for conducting this program is generally uniform for all areas. This causes a problem in conducting such program in hard to reach areas. Thus, fund may be allocated based on factors related to transportation in different areas.

13. Has the program been replicated elsewhere? If yes, where?

The program was started in erstwhile North Tripura district. After its success, the program has been replicated in seven other districts of the state.

14. Can this initiative be used as a Best Practices Model Case Study for enabling learning at LBSNAA, Mussoorie? Kindly give reasons for your answer.

Yes. The reason for success of this program is its methodology which can be replicated elsewhere. Moreover, there is nothing in the design of the program which will limit its success only to certain districts.

6. Mobile Health Unit , Malkangiri, Odisha

This was an initiative started in 2006-07 in which health services were made available to most vulnerable groups of population in inaccessible areas. Under this a boat shuttle health service was provided to reach the tribal population living inside a reservoir in the Malkangiri district of Odisha.

CASE STUDY QUESTIONNAIRE

MOBILE HEALTH UNIT UNDER NATIONAL HEALTH MISSION

DISTRICT: MALKANGIRI

1. **Since how many years has this scheme / program been running?**

   - Less than 3 years ☐
   - 3-5 years ☐
   - More than 5 years ☐√

2. **Who are the target beneficiaries?**

   - Antenatal care & Postnatal Care Mother
   - New Born & Neo natal children
   - 0 to 18 Years of children
   - 11 to 19 years (All Adolescent- Both male & Female)
   - School Students(Residential)
   - All community people

3. **What is the estimated number of beneficiaries covered under the program?**
   - Less than 25,000 ☐
   - 25,000-50,000 ☐
   - More than 50,000 ☐√

4. **What is the administrative framework that has been created to operationalise the program?**

   - Government institution ☐√

- Community institution ☐

5. **Has any executive order been passed to institutionalise the administrative framework?**

   YES

6. **Who are the major stakeholders in this program?**

   ASHA Worker, Health Worker (M&F), Aganwadi Worker- WCD Dept., Civil Society Organization, PRI Members, School & Mass Education Dept.

7. **Does this program include community participation? If yes, then, how?**

   YES**.** As per the Micro plan made, the tour plan has been made and the community people are participating to facilitate them to provide a room & other items during the treatment points at their village.

8. **What are the sources of funding for the program?**

   - Government ☐√
   - Community ☐
   - Others (please specify) ☐

9. **What are the program deliverables?**
   - Treatment of minor elements to any age group of people.
   - Antenatal care & Postnatal Care Mother check up
   - Referral of all categories of high risk people
   - Reach the areas & provide treatment to people during epidemics
   - Especially, in the cut off areas of Malkangiri district, the MHU teams play a vital role to provide health services to the needy people of these areas.

10. **Has the program been successful in achieving them?**

    Yes

11. **Is there a mechanism to receive feedback on the programme from the beneficiaries?**

Yes**.** Through Mother Child Protection Card, we can easily track the present status of an ANC & PNC mother and also the children from 0 to 3 years and their daily treatment register & movement register, the day wise treatment & referral status can be verified.

12.What are the changes made, if any, to meet unanticipated challenges arising during the progress of the program?

Huge number of villages are being served in a month resulting in reduced quality of health services in some circumstances

13.Has the program been replicated elsewhere? If yes, where?

Yes**.** The program has been replicated in many states of India. In Odisha, all Districts have MHUs.

14.Can this initiative be used as a Best Practices Model Case Study for enabling learning at LBSNAA, Mussoorie? Kindly give reasons for your answer.

Yes. From field level to institutional level, many best practices/ case studies can be used for learning. These are:

MANAGEMENT OF PHC (NEW) UNDER PPP MODE

The cut off areas which are separated by Chitrakonda Reservoir pose a major challenge to the district administration. In these areas spanning across 6 numbers of GPs, 6 Sub centres (Jodambo, Panasput, Dangarpadar, Totapali, Bakuli & Muduliguda)& 1 Jodambo PHC (New) is situated. Nearly 35000 thousand people are residing in these areas. With an objective to provide better health services to those people, the Jodambo PHC (New) is managed by a NGO i.e. Gandhiji Seva Parisad, K.Gumma under PPP mode where the staff (One MBBS doctor, Ayush Doctor, LT, ANM, Pharmacist & Attendant with one Ambulance vehicle) are in position.

Also, The Mudulipada PHC (New) of Khairput block which caters to the needs of one **Particularly Vulnerable Tribal Group** community (Bonda Tribes) is managed through PPP mode by Gopabandhu Development Society.

MOBILE HEALTH UNIT-ORAPADAR (AMBULANCE BOAT) & RALEGADA (MOTOR BIKES) For the Cut off areas, one number of Mobile Health Unit- Orapadar is functioning. Through this MHU, the team visits the villages as per their micro plan

& this particular team is working in the most difficult & Left Wing Extremism affected areas. Also, many a time, this Ambulance boat acts as referral vehicle for treatment at Chitrakonda CHC. During the time of epidemics or any exigency, the Ambulance boat is used to reach the target area & provide health services to people.

In case of one Gram Panchayat i.e. Ralegada, MHU is being run through 2 motor bikes as the area is very inhospitable and road connectivity is extremely poor. The staff of this MHU move to different villages & the residential schools with all required medicines to serve the marginal community of this area.

MATERNITY WAITING HOME (MAA GRUHA)

In Malkangiri district, 5 numbers of Maternity Waiting Homes (Maa Gruha) are functioning under PPP mode by NGOs at Kalimela CHC, MV-79 Area Hospital, Khairput CHC, Chitrokonda CHC & Podia CHC successfully. The main objectives of the Maa Gruha are:

- To establish an alternative support infrastructure for addressing communication problems in difficult tribal pockets for ensuring institutional delivery.
- To increase institutional delivery in the difficult tribal pockets.

It is a temporary home for expectant mothers where they can wait for delivery. On onset of labour, they are to be shifted to nearby health facility having BeMOC facilities for delivery. No post partum cases will be allowed to stay at this Home. Ideally it should be located nearer the medical facility.

SWASTHYA SATHI BIKES Under Biju KBK plan, 57 numbers of Motor Bikes have been provided by the District Administration to the Volunteers & Community Facilitators of V4 Sub centre programme, Vulnerable Group programme, PHC (New) management implemented through PPP mode to reaching to the unreached areas of Malkangiri district. These bikes are mainly used for transportation of Vaccine during immunization session, for referral transportation of patients to the nearest health institutions & for IEC/BCC activities.

15. Any other comments

One ICU has been opened at DHH, Malkangiri during the month of January 2014.

Details of the project are also available as given under:

MOBILE MEDICAL UNIT
DISTRICT: MALKANGIRI, ODISHA

Health Profile of the KBK Region:

Provision of health care facilities and the extent of their utilisation is one of the indices of human development. The overall picture of health care provisions and their utilization is far from satisfactory in specific regions as well as among specific communities in the State of Orissa because of historical reasons. Provision of health care services has two broad objectives, viz.,(i) to cure illness as and when it occurs and (ii) to provide all other health care services including creation of awareness and to take preventive measures through health and hygiene education, sanitation, immunization etc sufficiently in advance to prevent occurrence of preventable diseases.

MOBILE MEDICAL UNIT

Mobile Medical Units have been envisaged to provide preventive, promotive and curative health care in inaccessible areas and difficult terrains, which are underserved or unserved areas under usual circumstances. Factors that negatively influence the existing public health system and call for the exigency are:

- Distance of the remote villages from the Public Health Institution.
- Geographical barriers to reach the pockets.
- Lack of mobility support for field visit by the staff assigned to do the job.
- Lack of medicines / equipment/manpower.
- Lack of awareness & health consciousness in the community particularly among disadvantaged people, who are socio -economically backward.

Mobile Health Units have been functioning in Orissa under Long Term Action Plan in KBK Districts since 1995-96 which has been continuing under RLTAP. Each MHU is functioning either by a hired vehicle or by a Govt. vehicle. The team consists of Medical Officer, a pharmacist, one ANM an attendant and a driver, moves for at least 22 days a month to remote villages in the Block area as per a schedule prepared jointly by the BMO & Medical officer MMU. Functional Mobile Medical Units not only look after the curative aspects but also render BCC activities to promote healthy Under the National Rural Health Mission.

MOBILE MEDICAL UNIT IN MALKANGIRI DISTRICT

Geographical Location

Malkangiri (Oriya: ମାଲକାନଗିରି) is a District of Odisha having a population of 627205. Malkangiri has 1 District Head Quarter Hospital, 8 CHCs, 4 Area Hospitals, 24 PHCs and 158 Sub-Centers.

HEALTH INSTITUTIONS						
Sl No	**District Head Quarter Hospital**	**Sub-Divisional Hospital**	**Community Health Centers**	**Area Hospitals**	**Primary Health Centers**	**Sub-Centers**
1	1	0	8	4	24	158

Population Distribution									
Name of the Blocks	Korukonda	K.Gumma	Khairput	Mathili	Pandripani	Kalimela	PODIA	PPC	Malkangiri District
Population	138764	59482	42036	99723	70502	127410	58936	30552	627205

The district has 34 Nos of doctor against the sanctioned posts of 88. The district has 26 Nos of MPHS(M) against 31 sanctioned, 8 Nos of MPHS(F) against 25 sanctioned, 188 Nos of HW(F) against 208 sanctioned and 78 Nos. of HW(M) against 95 sanctioned.

In Malkangiri district, the Mobile Health Units plays a crucial role to provide health services at the door step at the most difficult villages of Malkangiri district. In malkangiri district, 21 numbers of Mobile Health Units are in operation (16 numbers of MHUs implemented departmentally & 5 numbers implemented through PPP mode i.e. called AROGYA PLUS). Due to lack of huge numbers of Doctors & other paramedical staff, these MHUs teams are playing a vital role to manage health issues in the district. Besides regular visits at the field level, the following duties are done by them.

1. During the time of epidemic & or any emergency situation, they are the first to reach the affected area.
2. The MHU vehicles also used as referral transport for pregnant women, sick neonatal & children cases as well as the other serious cases to the nearest health institutions.
3. These MHUs are used for tribal & inaccessible health camps in our district.

MOBILE HEALTH UNIT

Background

Odisha a State, where most of its population reside in inaccessible locations having very limited healthcare facilities available, Mobile Health Unit (MHU) serves as a boon. MHU provides quality healthcare services to most vulnerable people in our State, who otherwise, would have remained unserved. MHUs are equipped with professionals, required equipments and drugs. Broadly, there are two types of MHUs available in Odisha, i.e. Arogya and Arogya Plus. The MHUs managed by the Health and Family Welfare Department are called Arogya and those operated through PPP mode are named as Arogya Plus.

MHUs are expected to cater to those villages falling under following criteria:-

Criteria-1

a) Difficult Block b) Most Difficult Block c) Blocks affected by LWE

Criteria-2

- A minimum of 44 villages/hamlets in an identified patch/es (Single blocks/within 2-3
- contiguous blocks)
- Identified villages are located at least more than 2 Kms from any of the functional
- Institution(except SC) &
- Identified villages/hamlets having a minimum population of 20,000.

MHU Models in Operation

- Mobile Medical Van with medical team (AYUSH doctor, Pharmacist, ANM & Attendant)- 16 Departmentally + 5 through PPP mode (AROGYA PLUS)
- Visits selected villages on fixed day fixed time in each fortnight
- Ambulance boat for people in cut-off reservoir areas - 1 unit (ORAPADAR MHU of K.Gumma block – 2 numbers of Ambulance boats provided by District Administration.
- MHU visit to difficult villages on motor cycles - 1 units (Ralegada MHU)- 2 numbers of Motor bikes provided through Biju KBK fund.

Modalities of Implementation - The MHUs operate under the following modalities.

- Days of field visit – 22 days in a month
- Max 44 Treatment points(camp site) to be covered in a month
- Nearby Revenue village/s can be tagged to each treatment point wherever possible
- School clinics are also to be considered as Treatment points
- Each treatment points to be covered at least once a month
- Village located at least 2 KMs away from any functional public health institutions will only be covered
- Max. 2 sessions(Morning & Afternoon) in each day to be conducted
- Duration of each Session should not be less than 2 hours
- Fixed day & fixed time field visit schedule to be prepared

Outcome

- Providing health facilities to people in difficult zones.
- Minimising the cost of hospitalisation and other related expenditures.
- Early diagnosis and timely referral of cases.

Issues

- Huge numbers of villages are being served in a month resulting in poor quality health services.

7. Involvement of community in development programs in Naxal affected areas,Balaghat, Madhya Pradesh.

This is an example of implementation of the National Rural Employment Guarantee Scheme (NREGS) through citizen-centric governance and participatory approach to development planning . Under this approach, programs were devised according to the local demand ensuring the stakeholders' participation in addressing issues like wage, employment, agricultural productivity and livelihood opportunities. This scheme was awarded the PM Award for Excellence in Public Administration for the year 2008-09.

Case Study Questionnaire

1. **Since how many years has this scheme / program been running?**

   I. Less than 3 years
   II. 3-5 years
   III. More than 5 years ☑

2. **Who are the target beneficiaries?**

   As Balaghat is a tribal district approx. 50% population of district is Tribal, among these 25% of tribal population is primitive in nature BAIGA tribe is most primitive. Targeted beneficiaries of the project were the tribals of the villages and forest villages. Due to the Backwardness and unemployment , youths of these regions wereturning towards LEFT WING EXTREMISM , so youths were the targeted beneficiaries of the program. Along with tribals, the other weaker sections and poor were the targeted groups. Geographically , three Blocks Lanji, Baihar , Paraswara (all bordering with CHHATISGARH and MAHARASTRA and densely forested) were on focus.

3. **What is the estimated number of beneficiaries covered under the program?**

   • Less than 25,000

   • 25,000-50,000

   • More than 50,000 ☑

4. **What is the administrative framework that has been created to operationalise the program?**

- Government institution
- Community institution ☑

5.Has any executive order been passed to institutionalise the administrative framework?

This program was not a new program initiated, it was just convergence of various schemes of central and state government so no executive order was required for implementation of it.

6. Who are the major stakeholders in this program?

People, district administration and NGOs were the major stakeholders in the program. program was started after consulting people at large and they were involved at every stages from planning to monitoring. NGOs were used for studying the problem and area specific solution of these, NGOs also trained and motivated people to work towards development. In later stage private sector also came in fold , it provided technical support in form of IT for record keeping and payments (in form of NIDAN, an e payment software designed by Balaghat which also is an award winner for best practices last year.

7. Does this programme include community participation? If yes, then, how?

This program is a perfect example of community participation. Idea of Program itself , occured in meetings under name CHAUPAL , where collector and other district officials used to visit villages and held meetings there , to listen their problems and solve them. The programs were taken, as per the need of people in area and demanded by them . In most of the cases implementing agencies were Gram Panchayats and village committees (in forest villages) District administration and NGOs worked as fecilitator only, both of them provided technical and financial support as per need. District administration worked as co-ordinating agency which made a plan for the region and set priorities with consultation of people.

8.What are the sources of funding for the program?

- Government ☑
- Community

• Others (please specify)

9. What are the program deliverables?

Development of rural areas, eradication of poverty, employment generation and to abolish the spreading LWE were the main goals of the program

10.Has the program been successful in achieving them?

Program though has not achieve all the goals but it has brought a change on all the fronts. Development of infrastructure in form of Roads , School buildings, Anganwari Bhawans , Primary Health centres, Panchayat Bhawan and other basic structures has resulted into the improvement in all base line indicators specially health and education. The most visible proof of which is the reduction in number of naxal incidents in the area. Which shows satisfaction on end of people.

11. Is **there a mechanism to receive feedback on the program from the beneficiaries?**

Implementing agencies are GramPanchayats and forest committees in most of the cases, all of them have their own feedback and control mechanism , We at district level have feedback mechanism in form of Surveys by NGOs and other government agencies, Improving Health and education indicators and weak Naxal movement works as feedback of program.

12.. **What are the changes made, if any, to meet unanticipated challenges arising during the progress of the program?**

. This Program was community based so changes were made as per the changing demand of people. In most of the cases when people achieved a satisfactory level on one front , their priorities changed , which also demanded some changes in strategy. One major change was computerisation of Records and use of IT and MIS in payment.

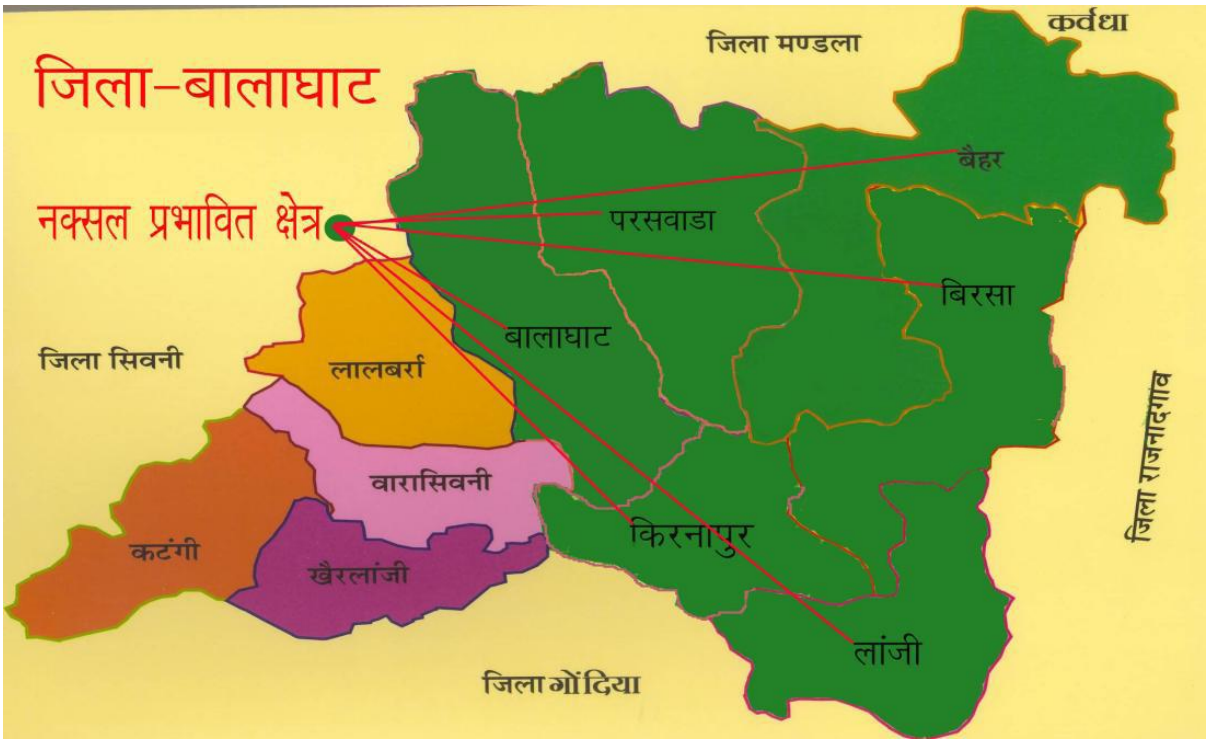
13. **Has the program been replicated elsewhere? If yes, where?**

I have no information about it.

14**. Can this initiative be used as a Best Practices Model Case Study for enabling learning at LBSNAA,Mussoorie? Kindly give reasons for your answer.**

Beauty of this program is that it has not demanded for extra Budget, it has just converged the existing schemes and brought wonderful results. Community participation at every stage makes it a perfect example of community based approach, success of program is visible in form of improvement recorded on all base line indicators in last seven years and weakened Naxal movement in this district , In fact this program has eradicated Naxal movement at initial stage, which is a great success of this program, so this program must be added as Best Practice Model.

Here are some images and photographs depicting various aspects of the program:



Tribal community gathering

Afforestation

Watershed Management

Soil Conservation

8. Solid Waste Management, Surat, Gujarat

The Gujarat Municipal Corporation set up an effective system for the management of solid waste generated in the city. Its pro-active approach demonstrates the way forward for the maintenance of a healthy living environment in the ever-increasing urban spaces of the country.

CASE STUDY QUESTIONNAIRE

1. Since how many years has this scheme / program been running?

- Less than 3 years ☐
- 3-5 years ☐
- More than 5 years ☑

2.Who are the target beneficiaries?

Mainly citizens residing in the area of Rajkot, particularly the area limit of Rajkot Municipal Corporation

3.What is the estimated number of beneficiaries covered under the program?

- Less than 25,000 ☐
- 25,000-50,000 ☐
- More than 50,000 ☑ close to 10 lakh

4.What is the administrative framework that has been created to operationalise the program?

- Government institution ☑

  Local self Government- Rajkot Municipal Corporation

- Community institution ☐

5.Has any executive order been passed to institutionalise the administrative framework?

Municipal Solid Waste Management Rules 2000, were there. After that for contracting out etc, Standing Committee Resolutions were passed.

6.Who are the major stakeholders in this program?

- RMC
- Sweepers(door to door garbage collectors)
- Sanitary Mart (cooperatives collecting garbage)
- Private players transporting garbage
- HBEPL for processing

7.Does this program include community participation? If yes, then, how?

PPP mode for transport and processing- people are encouraged to sort out their garbage and stop littering by placing containers at houses. Sanitary marts (cooperatives of garbage collectors) have been given responsibility for door to door collection in few areas.

8.What are the sources of funding for the program?

- Government ☐
- Community ☐
- Others (please specify) ☐

Local self government has its own funds. A lot of funds have come through PPP.

9.What are the program deliverables?

i) Efficient waste collection and disposal

ii) Resource recovery through recycling

iii) Waste transformation (reduction in volume) and safe disposal on land in landfill

10.Has the program been successful in achieving them?

In most of the cases, it is working well. Collection hubs have reduced transportation costs. However segregation at household level is not satisfactory.

11.Is there a mechanism to receive feedback on the program from the beneficiaries?

The RMC website has a general feedback mechanism. IEC is unidirectional from RMC to citizens for awareness on not littering.

12. What are the changes made, if any, to meet unanticipated challenges arising during the progress of the program?

Cost of collection is reduced by establishing collection hubs. Also in most of the wards, transportation is being privatized.

13. Has the program been replicated elsewhere? If yes, where?

A number of states have studied the model but as of now, it has not been replicated.

14. Can this initiative be used as a Best Practices Model Case Study for enabling learning at LBSNAA,Mussoorie? Kindly give reasons for your answer.

YES . It should be used because:

i) PPP model is very good with all risk being with the private player. From the government side, only land is given (10 lakh in case of failure)

ii) Commercially viable and organic by-products are being produced.

15.Any other comments

There has been some resistance from a few locals residing near the 30acre plant and 70 acre dumping site who claim to have been severely affected in terms of health

Research, Questionnaire Development and Documentation

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