

Project Name: Community-Led Initiatives for Child Survival (CLICS)
Agreement Type: Child Survival Health Grant Project (CSHGP)
Duration: October 2003-September 2008
Geographic Scope: Maharashtra
Technical Assistance Agencies: Aga Khan Foundation, India (AKF India)
 Department of Community Medicine, Mahatma Gandhi Institute
 of Medical Sciences (DCM/MGIMS)
Implementing Agency: of Medical Sciences (DCM/MGIMS)

DESCRIPTION:

The Community-Led Initiatives for Child Survival Program (CLICS) is a five-year \$2 million project co-funded by the United States Agency for International Development (USAID) and Aga Khan Foundation U.S.A. (AKF USA) under the 2003 Child Survival Health Grants Program (CSHGP). The goal of the project is to bring sustainable improvement in the health status and well being of children under three years and women in the reproductive age group (15-44 years) in a beneficiary population of 88,128 residing in 67 villages across Wardha District, Maharashtra State, India.

CLICS seeks to facilitate 'community-ownership' of a package of health services by refining and applying a 'social franchise model' that is demand-driven, inherently sustainable and suitable to expansion. As construed by CLICS, a social franchise model is one where a contractual obligation between two parties is entered into for the purpose of producing a 'social product' of a particular kind and quality. The model, as such, is an efficient means for the 'Franchiser', in this case DCM/MGIMS to interact with and build the capacity of potential 'Franchisees' (village communities) to produce an integrated package of affordable and high quality child survival and health services. Interventions under CLICS will remain focused on child health, maternal health and RTI/STI.

KEY ACTIVITIES:

The implementation strategy is characterized by four key stages as follows:

- Mobilizing communities to form Village Co-ordination Committees (VCCs) which functions as nodal agencies responsible for decentralized health care delivery at the village level;
- Developing with each VCC a 'Social Franchise Agreement', a document that outlines a clear set of health priorities and the means to address them;
- Implementing the Social Franchise Agreement through the VCC; and
- Achieving 'community ownership' i.e., a stage where the VCC is able to independently manage key health activities and sustain health gains without intensive inputs from MGIMS.

KEY ACHIEVEMENTS:

- Completion of household and baseline surveys
- Development of the Detailed Implementation Plan.
- Partnership have been developed at the village level, with the formation of 264 Self Help Groups, 72 Kisan Vikas Manch (Farmer's Group) and 64 Kishori Panchayats (Adolescent Girl's Group).
- Sixty-three VCCs covering all villages have been formed; Social Franchise agreements signed for with 23 VCCs; 88 village health workers selected by VCCs are in place; and community health clinics are functional in eight villages, training needs assessment for staff, village co-ordination committees (VCCs) and public health providers; b) Training of trainers on IMNCI; b) Community mobilization and appraisal exercises; c) Health facility needs assessment; e) Quality assurance tools development and testing have been completed.
- Training of community-based organizations and local health providers; health needs assessment and formulation of village plans; implementation of BCC strategy; formative and operations research; MIS for the project are in progress.

CONTACT INFORMATION:

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