Community Monitoring

State Institute of Health and Family Welfare, Jaipur

NRHM: Mission Goal

Improve:

- **Access &**
- **Availability to Health care (Guarantee of services)**
- **Quality**
- **Equity**

No major change is possible without organized involvement of people; If people are organized and mobilized, no change is impossible

Monitoring in NRHM

The accountability framework proposed in the NRHM

1. Internal monitoring,
2. Periodic surveys and studies and
3. Community based monitoring.

Why Community monitoring?

- Beneficiary - the best judge
- Communitization

Objective

- Aware communities about health entitlement.
- Develop shared understanding of the health issues.
- Facilitate the formation of VHSC
- Build ownership about public health service.
- Develop awareness about determinants of health

Expectations

- Regular & systematic information about community needs
- Feedback according to the locally developed yardsticks
- Feedback on the status of fulfillment of entitlements
- Identifying gaps, deficiencies in services and levels of community satisfaction
- Validation of data collected by health functionaries

The NRHM Framework

- Provide outlines for the composition and broad roles of monitoring and planning committees at various levels.
- The Advisory Group for Community Action (AGCA) (comprising 19 members) to support and advise in the implementation and review of the NRHM across the country.

AGCA-TAG

- The AGCA has established a Technical Advisory Group for (TAG) for technical support and oversight in implementing the project
- A National Secretariat at PFI & CHSJ

Roles & Responsibility of National Secretariat

- Assist implementation of the decisions by AGCA & support TAG
- Facilitate: Preparation of protocols, manuals, & IEC
- Coordinate between AGCA – TAG and State processes
- Documentation – Progress and Process
- Support state Nodal Organization in implementing
- Provide administrative and financial guidelines
- Facilitate financial disbursement and accountability
- Maintain overall accounts

Mentoring Team

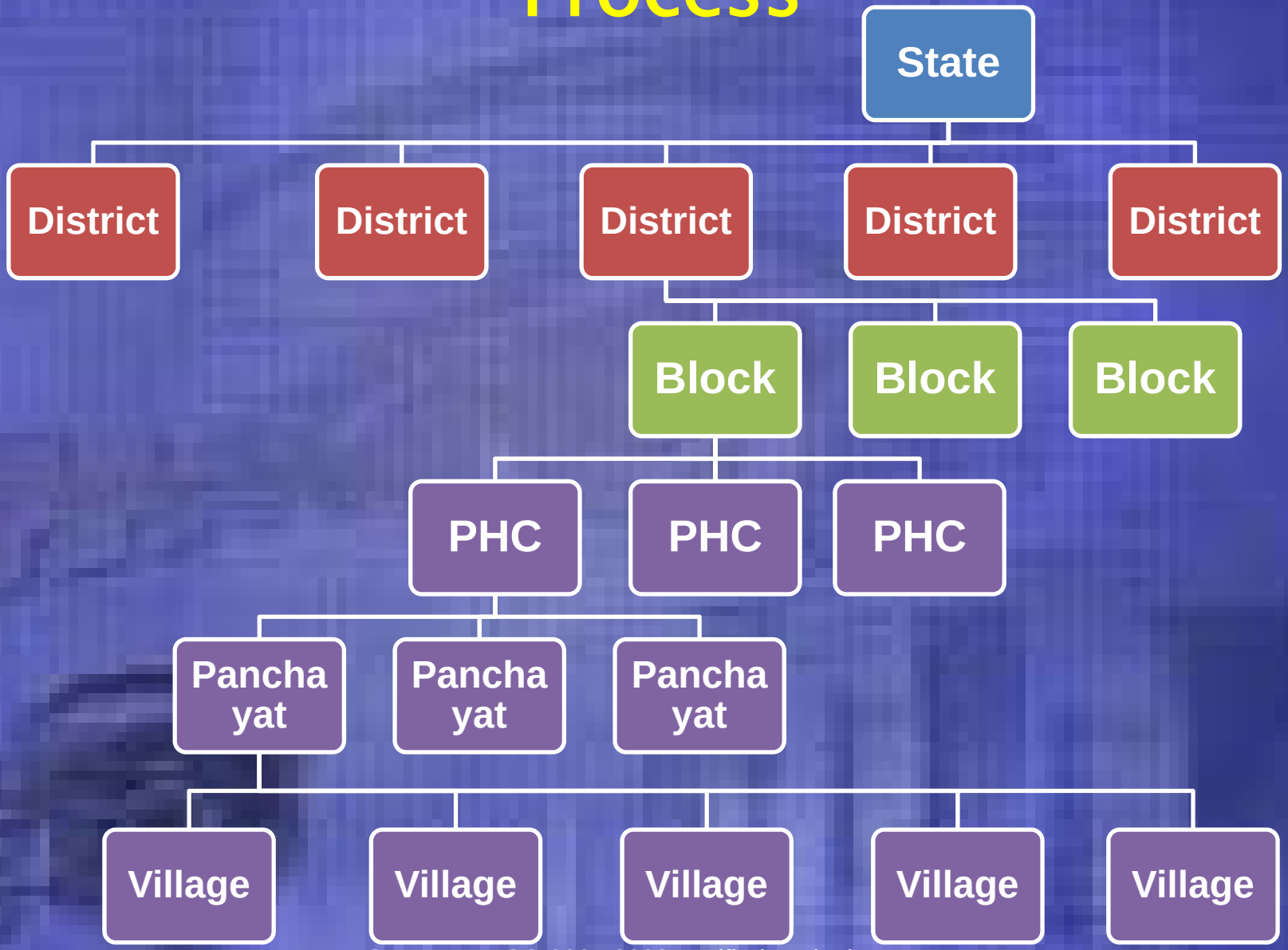
Main functions:

- Coordinate with State and district Government
- Prepare state and district level plan/design & budgets
- Identify NGOs for district & block level for implementing the community monitoring program
- Review progress at state and district level
- Distill lessons learnt from state level experience

Coverage

- First phase: 9 states
  - Assam,
  - Chhattisgarh,
  - Jharkhand,
  - Karnataka,
  - Madhya Pradesh,
  - Maharashtra,
  - Orissa,
  - Rajasthan and
  - Tamil Nadu.

Community Monitoring: Selection Process



Nodal NGO

- For the state, district and block levels.

Main functions:

- Assist in implementing decisions taken by Mentoring group
- Arrange for technical & resource support to district/ block level NGOs
- Support process of adaptation, translation & publication state level materials/manuals

- Supervise community level documentation processes
- Maintain documentation of state level processes
- Coordinate with Nodal Agency
- Coordinate with district officials – Chief Medical Officer; Zila Parishad, District mentoring team
- Mobilization and capacity building at district level
- Collation of records and reports
- Financial management

- Support for organization of Jan Samwad
- Mobilization & capacity building
- Encouraging participation of all stakeholders
- Facilitate balance of power between stakeholders – liaison with different stakeholders
- Declaring, Dissemination – health entitlements within rights based approach
- Reflect community/ Spokespersons of community concerns, experiences
- Form committees at the village, PHC and block

Rajasthan

- Nodal NGO- Prayas

SN	State/ District	Blocks	Village Panchayat	Villages	Nodal NGO	Mentring Group
1	Rajasthan	15	45	405	Prayas	25
2	Jodhpur	Luni , Mandor, Osiyan	9	90	GRAVIS	15
3	Chittorgarh	Kapasan, Chittorgarh, Bhansroadgarh	9	90	Prayas	10
4	Alwar	Umrain, Laxmangarh, Ramgarh	9	90	IBTDA	12
5	Udaipur	Kotra, Sarada, Dungarpur	9	90	ARTH	10
6	Baran	Chabra, Kishan Gaj , Shahbad	9	45	BGVS	12

Initiating Community Action

- Household and health facility survey
- Health Camps
- “Public Hearings” or Jan Sunwai

- Through training & orientation of village Health Teams
- Block & District level Health Mission teams, including NGOs, organize a series of activities like health camps, public hearings, etc.
- MMUs will ensure availability of services to remote underserved areas
- Provision of safe drinking water & household toilets

Community Monitoring

- People/Community are focused
- Regular assessment whether the health needs & rights of the community are being fulfilled
- Three way partnership between –
    I. Health care providers and Managers (health system)
    II. The community
    III. CBOs, NGOs and PRIs

What to Monitor?

- Demand
- Need
- Coverage
- Access
- Quality
- Effectiveness
- Behaviour & presence of health personnel
- Possible denial of care & negligence
- Basically create a People's Health MIS

Community Monitoring Process

Orientation of Stakeholders & Strengthening of District/Block NGO's

- Orientation of Stakeholders
  - State Workshop
  - State Managers Workshop
  - District Workshop
  - Block Providers Orientation Workshop
  - Media Orientation Workshop
- Strengthening of District/ Block NGO's
  - Block Facilitator's Training

Mobilization of Community

Time : 3 days

Proposed Activities
(Assumption – the Block level organization is familiar with the village)

- Distributing pamphlets to literate people
- Putting up poster in the common meeting place (e.g. near temples, wells, market place, etc.)

Mobilization of Community

Informal meeting with key people (leaders of CBOs, women leaders, Pradhan, in the village) to get an idea about

- General layout of the village
- Different social groups in the village and where
- they stay
- Key health problems of the community
- Key service providers of the area
- Expense relate to health problems
- Communities opinion and use of government
- health facilities and service providers

- Village meeting to share findings, share NRHM information and facilitate information of VHSC
- Share the Village health services profile in the village
- Inform community of NRHM and community monitoring in NRHM
- Pamphlets and posters and leave multiple sets behind in the community
- Elicit interest from members of the community about formation of village health and sanitation committee

Tools of Monitoring

Village Level

- Village Health Register - Records of ANM - Public dialogue
- Village Health Calendar- Infant and maternal death audit

PHC level

- Charter of Citizens Rights – IPHS - PHC Health Plan

Block level

- IPHS - Charter of Citizens Rights - Block Health Plan

District level

- Report from the Block Health committees
- Report of the District Mission committee
- Public Dialogue (Jan Samvad)

State level

- Reports of the District Health committees
- Periodic assessment reports by taskforces / State level committees (progress in formulating policies according to IPHS, NHSRC recommendations etc.)

Expected Outcome of Community Monitoring

- Community from passive beneficiaries to active rights holders
- community representatives involvement
- should not be seen as a stand-alone process
- Simultaneous involvement of User groups and beneficiaries

Issues to be monitored

MCH,JSY,ASHA,VHSC
Untied funds
Disease Surveillance
Curative care
etc

Methods

Village group meeting,
Interview with beneficiaries
Interview with ASHAs
etc.

Scores

Good performance

Cause for concern

Poor performance

Village Health Report Card

Issues to be monitored

Service availability, Quality
Equipment, Supplies, Personnel
Charges, Corruption
RKS Functioning
etc

Methods

Facility Observations
Meetings with Providers
Exit Interviews
etc

Scores

Good performance

Cause for concern

Poor performance

Facility Report Card

Advantage of Monitoring & Planning by Community

Advantages for Public Health System

- People's viewpoint-feedback about the services
- services to large number of beneficiaries
- Understanding & cooperation between system & community

Advantages for the people

- Complaint redressal
- Increased utilization decreased expenditure
- Awareness about Govt. health services & schemes

Advantages for Public Health System

- Objective review of performance
- Identifying barriers in achievement
- Transparency

Advantages for the people

- Active participation
- Collective effort in addressing problems
- Accountability

Community Monitoring Instruments

Village Health & Sanitation Committees

- Committee in every revenue village.
  - Sarpanch (convener)
  - ASHA (member secretary)
  - Community members - based on population, social and geographical basis; unrelated 1 woman and 1 man .
- Meets every month at fixed place, time & date
- Reviews, plan and monitor health related activities

Important Instruments

- Planning and Monitoring Committee
  - PHC
  - Block
- District Mentoring Group
- State Mentoring Group
- AGCA

Community Level Enquiry

Outcomes

- Village Health Report Card
- Health Facility Score Card

Frequency

- Village report card and facility score card will be produced once in every 3 months.

Who will do it

- CBO/NGO/SHG representative in the extended VHSC and one Panchayat member should be nominated for preparing the village health report card.
- Village Health Report card would be prepared in a span of two days.
- It is strongly recommended that at least for the pilot phase Block level coordinator should be present to demonstrate each monitoring activity.

- Time - 2 days

Community Monitoring Issues for Village Health Report Card

Themes	Source of Information
Disease Surveillance	Group Discussion with community
Curative Services	Group Discussion with community
United funds	Group Discussion with community
Child Health	Discussion with Women
Quality of Care	Discussion with Women
ASHA community perceptions	Discussion with Women
Averse Outcome or experience reports	Interview and Group discussions
Maternal health Guarantees	Interview with JSY beneficiary
JSY	Interview with JSY beneficiary
ASHA functioning	Interview with ASHA
Equity Index (to find out if there is a difference in perception and service delivery among the two groups)	Discussion with women from general & marginalized communities

Community Monitoring Issues for Facility Score Card

Themes	Source of Information
Infrastructure and Personnel	Facility Check List
Equipment and Supplies	Facility Check List
Service Availability	Facility Check List
Unofficial charges	Exit Interview
Quality of Care	Exit Interview
Functioning of RMRS (RKS)	Interview with MO

Activities in the Community Monitoring Process

Beneficiary	Community	Provider	Facility
Five Interviews with women who have delivered in the last three months	One Group discussion with community members	One Interview with PHC Medical Officer	Observation of Sub centre using a checklist
	One Group discussion with women	One interview with CHC Medical Officer	Observation of PHC using a checklist
	One Group discussion with marginalized communities	Five Exit with CHC Medical Officer	Observation of CHC using a checklist
	One interview with the ASHA	Five Exit interviews of the CHC patients	

Village Health Report Card-1

S.No	Theme	Calculation	Score
1	Maternal Health Guarantee	Number of women * 10=N	>75% of N 50-75% of N <50% of N
2	JSY	Number of women * 8=N	>75% of N 50-75% of N <50% of N
3	Child Health	Total Score-20	16-20 10-15 0-9
4	Disease Surveillance	Total Score-8	7-8 5-6 0-4

Village Health Report Card-II

S.No	Theme	Calculation	Score
5	Curative Services	Total Score-8	7-8 5-6 0-4
6	Untied funds	Total Score-8	7-8 5-6 0-4
7	Quality of Care	Total Score-24	19-24 12-18 0-11
8	Community Perception of ASHA	Total Score-16	13-16 8-12 0-7

Village Health Report Card-III

S.No	Theme	Calculation	Score
9	ASHA functioning	Total Score-12	10-12 6-9 0-45
10	Equity Index	Total score general community women)/(Total Score marginalized community women)	<1 Favorable to marginalized group 1 No difference > 1 Unfavorable to marginalized group
11	Adverse Outcome or experience reports	Total Score	

Cumulative Village Report Card

Theme	Villages	Villages	Villages
Maternal health Guarantee			
JSY			
Child Health			
Disease Surveillance			
Curative Services			
United funds			
Quality of Care			
Community Perceptions - ASHA			
ASHA Functioning			
Equity Index			
Adverse Outcomes			

Facility Score Card-I

S.No	Theme	Calculation	Score
1	Infrastructure and Personnel	N=Maximum Score	>75% of N 50-75% of N <50% of N
2	Equipment and Supplies	N=Maximum Score	>75% of N 50-75% of N <50% of N
3	Service Availability	N=Maximum Score	>75% of N 50-75% of N <50% of N

Facility Score Card-II

S.No	Theme	Calculation	Score
4	Unofficial charges	Add points of all the persons interviewed (max 25)	> 19 13-18 < 12
5	Quality of Care	Add points of all the persons interviewed (max 35)	> 28 18-28 < 18
6	Service Availability	Total Points scored	> 7 5-7 < 5

Cumulative Facility Score Card

Theme	Villages	Villages	Villages
Infrastructure and Personnel			
Equipment and Supplies			
Service Availability			
Infrastructure and Personnel			
Unofficial charges			
Quality of Care			
Functioning of RMRS (RKS)			

Reports Emerging from Community Monitoring

Village Level

- Village Report Card
- Sub centre Report Card

PHC Level

- Cumulative Village Report Card
- Cumulative Sub centre Report Card
- PHC Report Card

Block Level

- Cumulative Village Report Card
- Cumulative Sub centre Report Card
- Cumulative PHC Report Card
- CHC Report Card

Sharing of Reports & Planning

Village Sharing Meeting

- Village Score card and key findings of Monitoring
- Adverse experiences & outcomes
- Improve service delivery & not fault finding with health care service providers
- Discuss key problems & suggest action pints

Jan Samvad (Public Dialogue)

- Conducted at Block and PHC level
- Presentation of Cumulative Village & Facility Report Card
- Presentation of Denial of Care/ Adverse Outcomes
- Discussion on implementation of outreach services, improving Facility level service utilization & support to denial of care/adverse outcome cases

Tool Kit

- Community Monitoring Project Managers Manual
- Community Monitoring Training Manual
- Community Monitoring Tools Manual
- Community Entitlement Book (Hindi & English)
- Brochures (English & Hindi

Posters

फायदा उठायें!
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योजना के अन्तर्गत

Thank You

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