

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

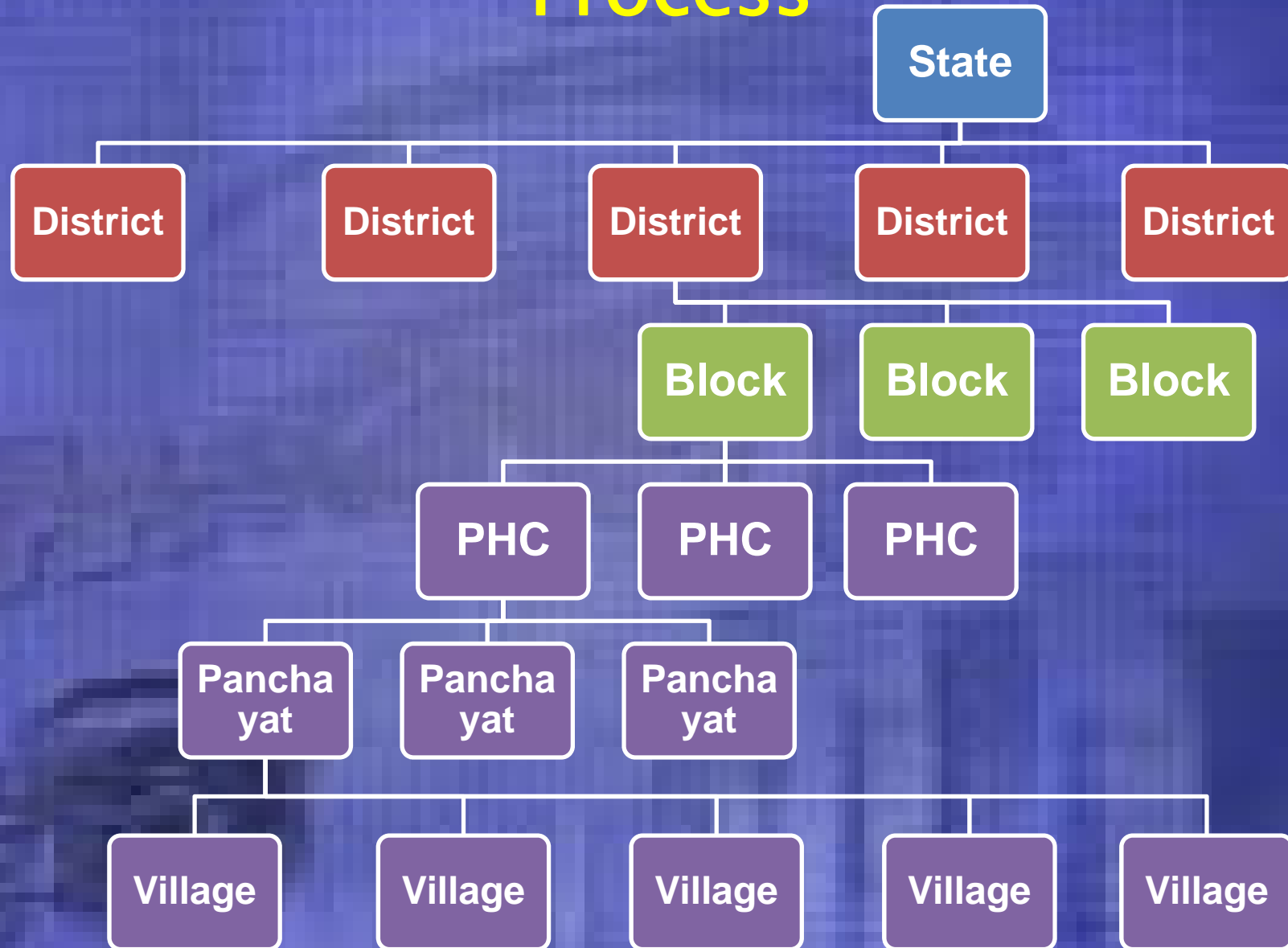
Main functions:

- 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; Zilla 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

S N	State/ District	Blocks	Village Panchayat	Villag es	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	Parayas	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 NGOs



Mobilization of Community



Formation & strengthening of VHSC/PHC/Block/District Committees



Community level enquiry



Sharing of reports & planning



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.)