

Community based monitoring: Reviving hopes realizing rights

Shrivastava S. *, Shrivastava P., Ramasamy J.

Department of Community Medicine, Shri Sathya Sai Medical College & Research Institute, Kancheepuram

ABSTRACT

The National Rural Health Mission (NRHM) was launched in 2005 with a vision to provide universal access to equitable, affordable and quality health care. In order to ensure that these outcomes are achieved and quality and accountable health services which are responsive and are taking care of the needs of the poor and vulnerable sections of the society. There are flexible mechanisms built into the mission so that local needs and priorities can be identified and addressed and local initiatives promoted. Community based monitoring involves drawing in, activating, motivating, capacity building and allowing the community and its representatives to directly give feedback about the functioning of public health services, including giving inputs for

improved planning of the same. In this monitoring process thrust is mainly on 'fact-finding' and 'learning lessons for improvement' rather than 'fault finding'. It is a three-way partnership between healthcare providers and managers; the community and Panchayati Raj Institutions. To conclude, CBM of health services is a key strategy of NRHM to ensure that the services reach to those for whom they are meant. This framework is consistent with the 'Right to Health Care' approach since it places health rights of the community at the center of the process.

Key words: community, National Rural Health Mission, community mobilization, public health, community based monitoring

***Corresponding author:**

Saurabh RamBihariLal Shrivastava
3rd floor, Department of Community Medicine,
Shri Sathya Sai Medical College & Research Institute,
Ammappettai village, Thiruporur - Guduvancherry Main Road,
Sembakkam Post, Kancheepuram - 603108, Tamil Nadu, India
Tel: +919884227224
e-mail: drshrishri2008@gmail.com

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INTRODUCTION

The National Rural Health Mission (NRHM) was launched in 2005 with a vision to provide universal access to equitable, affordable and quality health care, at the same time being accountable and according to the needs of the people, especially those residing in rural areas, the poor, women and children [1]. In order to achieve its goals and objectives the Mission seeks to forge effective partnerships between the central - state and local governments. There are flexible mechanisms built into the mission so that local needs and priorities can be identified and addressed and local initiatives promoted. In order to ensure that these outcomes are achieved and quality and accountable health services which are responsive and are taking care of the needs of the poor and vulnerable sections of the society, community ownership and participation in management has been seen as an important pre-requisite within NRHM. Thus to ensure that the services reach those for whom they are meant, the NRHM has an intensive accountability structure that includes Community-based Monitoring (CBM) as one of its key elements [2].

HOW TO TRIGGER COMMUNITY ACTION?

Different strategies and initiatives have been tried and successfully implemented in the community to facilitate active community participation. These initiatives include household and health facility survey involving village health teams and discussing the findings locally; conducting health camps locally for the community and making them aware of their entitlements; organizing periodically “Public Hearings” or “Jan Sunwai” where people share their experience of seeking health care; conducting training and orientation sessions for village health teams for community action; by involving group like self-help groups, community based organizations (CBOs), parent-teacher associations, literacy volunteers etc. who have motivation for community action; by making local level health functionaries visit households frequently and by making block and district level health mission teams, including NGOs, to organize a series of activities like health camps, public hearings, etc [2].

CONCEPT OF COMMUNITY BASED MONITORING

CBM involves drawing in, activating, motivating, capacity building and allowing the community and its representatives (viz. community based organizations (CBOs)/ voluntary organizations/

Panchayat representatives) to directly give feedback about the functioning of public health services, including giving inputs for improved planning of the same. The monitoring process will include outreach services, public health facilities and the referral system [3]. In this monitoring process thrust is mainly on ‘fact-finding’ and ‘learning lessons for improvement’ rather than ‘fault finding’ [2]. It is a three-way partnership between healthcare providers and managers (health system); the community/CBOs/NGOs and Panchayati Raj Institutions.

STAGES OF COMMUNITY BASED MONITORING

In a nutshell, CBM comprises of five stages namely preparatory activities (viz. identification of stakeholders and levels of services for community monitoring); capacity building and training of trainers at district level; community assessment (by organizing In-depth interviews/ focused group discussions/ case studies/ record review/ citizens report card); interface meeting (for collection of data / feedback with the help of public dialogue ‘Jan Samvad’ or public hearing ‘Jan Sunwai’) and finally the evaluation of feedback. To check whether the activities proposed under the program are on track there is a provision of color-coded citizen report card to monitor the number of activities which are correctly on-track or completed [2].

EXPECTATIONS FROM COMMUNITY MONITORING

The community and community-based organizations will monitor demand / need, coverage, access, quality, effectiveness, behavior and presence of health care personnel at service points, possible denial of care and negligence. The monitoring process will include outreach services, public health facilities and the referral system. The Community Monitoring exercises and collation of information should be organized village wise, primary health center wise, block-wise, district wise. In this way these exercises should aggregate information upwards.

CURRENT STATUS AND UTILITY OF COMMUNITY BASED MONITORING

The process of developing community monitoring is a delicate process that needs to be handled carefully. Community mobilization experiences in the Health sector show that the initial response of community representatives is often to assertively point out a whole range of problems,

deficiencies, gaps and even alleged cases of denial of health care which may be quite difficult for the Health officials to digest and take in the right spirit – which could even at times, lead to a virtual breakdown of dialogue. Maintaining the vitality and authenticity of the process, but not allowing complete polarization which would disrupt the dialogue and convergence process itself is a delicate task. Starting by launching the community monitoring process all over the state on a large scale may conceivably lead to potentially disruptive situations and even demotivation of health functionaries – which could be avoided by first working out the process in pilot areas and building appropriate checks and balances in the methodology before moving to generalization.

CBM is still an emerging concept, being piloted in nine states of India. The program has achieved success in states of Karnataka, Maharashtra and Orissa [4 - 6]. Even on the International platform, utility of CBM has been proved in the context of environmental impact assessment and in fighting poverty in Canada [7, 8]. On application of CBM in the routine public healthcare services, there was a significant improvement in utilization of general outpatient services / institutional deliveries; antenatal care; adoption of contraceptive measures and childhood immunization [9]. The common reasons behind the success of CBM in these projects are strong presence of civil societies, involvement of public health personnel as well as the community as principal stakeholders, adequate geographic representation and crucial role by monitoring committees.

CONCLUSIONS

CBM of health services is a key strategy of National Rural Health Mission to ensure that the services reach to those for whom they are meant. This framework is consistent with the ‘Right to Health Care’ approach since it places health rights of the community at the center of the process. It seeks to address the gaps in the implementation of various programs and thereby enhancing the transparency till the grass-root level.

Conflicts of interest

There was no conflict of interest to be stated.

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