*Review Article*

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# Health Monitoring in Community under NRHM

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**Abstract**

***Introduction:*** Community-based monitoring (CBM) is an emerging field in scientific research. While humans have always interacted with and observed their environment, structured community involvement in monitoring activities has only recently been integrated into formal research and practice.

***Aim of Community-Based Monitoring:*** The primary goal of CBM is to enhance and solidify community participation in health service planning, accountability, and action mechanisms. Specifically, under the National Rural Health Mission (NRHM), CBM aims to improve access to and utilization of health services.

***Relevance/Need of the Topic:*** According to World Health Organization (WHO) statistics and other sources, chronic diseases and psychological stress contribute to 80% of elderly deaths. Recent advancements in wireless communication and Smartphone technology offer significant potential to enhance health monitoring services and address these issues more effectively.

***Current Status of Community-Based Monitoring:*** The Community Based Planning and Monitoring Programme (CBPM) has been implemented in Bihar since May 2011 by the State Health Society. Key factors contributing to its success include strong civil society engagement, active involvement of public health personnel and community members, broad geographic representation, and effective monitoring committees.

***Existing Problems/Shortcomings:*** Despite the acceptance of CBM at the state level, there is often resistance or limited acceptance at the district and lower levels within many states' health departments. This resistance can hinder the effectiveness and reach of CBM initiatives.

***Strategies to Improve the Situation:*** To address these challenges, it is crucial for the government to support research that enhances community-monitoring systems. Government leadership is needed to help states and communities identify and address key health monitoring needs. Empowering communities with knowledge and awareness will enable them to better monitor health systems and support local health care initiatives.

***Conclusion:*** Integrating Community Health Monitoring into national health programs is essential. It ensures systematic reporting, accountability, and efficient resource allocation. Additionally, it provides valuable data for decision-making, promotes continuous improvement, and fosters a culture of learning within the health sector.

**Keywords:** Health community in community, NRHM.

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## INTRODUCTION

An elder shares stories about his life on the land, his years at the Residential School, and his observations about current community events and environmental changes. By recounting his experiences of the past and the present, he hopes to guide his children in making wise decisions for the future.

Listening to an elder's story is a valuable way to learn about the past, present, and future. Similarly, monitoring can provide information that helps us make informed decisions about the future.

### Definition of Monitoring

Monitoring is a continuous or intermittent evaluation aimed at maintaining quality or stability. It is a formative evaluation that involves day-to-day tracking of activities to ensure they proceed as planned and stay on schedule. Monitoring helps identify deviations so that corrective actions can be taken to keep activities on track (Kishore 2007).

### Goal of Community-Based Monitoring

The goal of community-based monitoring under the National Rural Health Mission (NRHM) is to develop and strengthen community involvement in accountability, planning, and action mechanisms. This improves access to and utilization of health services.

### Five Stages of the Community Monitoring Process

1. **Preparatory Activities**: Identify stakeholders and the levels of services for community monitoring.
2. **Formation of Monitoring and Planning Committees**: Build capacity through workshops, training, and orientation meetings.
3. **Community Feedback/Assessment**: Collect data and prepare report cards to evaluate health services.
4. **Public Hearing (Jan Sunwai)**: Conduct public hearings to discuss findings.
5. **Periodic State-Level Dialogue**: Engage in regular dialogues at the state level to review and improve the process.

### Monitoring at Different Levels

| Community Monitoring Committee | Periodicity of Monitoring | Activities to be undertaken |
|---|---|---|
| Village Health and Sanitation Committee (VHSC) | Quarterly | • Reviews the Village Health register and Village health calendar.<br>• Evaluates the performance of ANM (Auxiliary Nurse Midwife), MPW (Multi-Purpose Worker), and ASHA (Accredited Social Health Activist).<br>• Reviews community experiences as beneficiaries of services.<br>• Sends a brief quarterly report to the PHC Committee |
| PHC Monitoring and Planning Committee | Quarterly | • Reviews and collates reports from all VHSCs.<br>• An NGO/PRI sub-team conducts Focus Group Discussions (FGDs) in three sample villages under the PHC.<br>• Visits PHC, reviews records, and discusses with RKS (Rogi Kalyan Samiti) members.<br>• A brief quarterly report to the Block Committee |
| Block Monitoring and Planning Committee | Quarterly | • Reviews and collates reports from all PHCs.<br>• An NGO/PRI sub-team visits at least one PHC in the block, conducts interviews with the Medical Officer (MO), and makes observations.<br>• Visits CHC (Community Health Centre), reviews records, and discusses with RKS members.<br>• Sends a brief quarterly report to the District Committee |
| District Monitoring and Planning Committee | Quarterly | • Reviews and collates reports from all Blocks.<br>• An NGO/PRI sub-team visits at least one CHC in the District, conducts interviews with the Incharge, meets Block Committee members and RKS members, and makes observations.<br>• Visits District Hospital, reviews records, and discusses with RKS members.<br>• Sends a brief quarterly report to the State Committee |
| State Monitoring and Planning Committee | Quarterly | Reviews and collates reports from all Districts.<br>An NGO/PRI sub-team visits 3 to 5 Districts, conducts interviews with the District Health Officer (DHO) and District Committee members, and makes observations at the District Hospital.<br>Sends a six-monthly report to NRHM/Union Health Ministry |

## Relevance/Need of the Topic

### *1. Impact of Chronic Diseases and Psychological Pressures*

According to World Health Organization (WHO) statistics and other sources, chronic diseases and psychological pressures account for 80% of deaths among the elderly. Recent advancements in wireless communication and smart phone technology have significantly enhanced health monitoring services, offering new solutions for managing these conditions.

### *2. Democratizing the Public Health System*

Although the public health system is funded by public money, it operates as a top-down, centralized bureaucracy with minimal accountability. There is very limited space for users, community members, and local organizations to share their experiences, opinions, and suggestions.

### *3. Reclaiming the Public Health System*

It is essential to address the current alienation and bureaucratization of the public health system through systematic social action at various levels. Community-based monitoring and planning is a crucial intervention for reclaiming public health systems. This approach increases awareness about rights and entitlements, establishes processes for regularly collecting evidence on health system functioning, creates spaces for regular dialogue and feedback, and improves accountability and communication between the people, local organizations, and healthcare providers.

## Review of Literature & Information

### *1. Tracking and Improving the Well-Being of America's Children and Adolescents*

Community monitoring has been shown to significantly benefit the well-being of children and adolescents. According to this study, community monitoring can:

- Prevent young people from dying in alcohol-related car crashes.
- Prevent depression and suicide.
- Prevent the initiation of smoking and early death.
- Prevent teenage pregnancies.
- Prevent school dropouts and involvement in criminal activities.

By focusing on measurable outcomes, community-monitoring systems can lead to substantial and critical improvements in the lives of children and adolescents across various communities.

### *2. Community Monitoring of Rural Health Services in Maharashtra (Economic & Political Weekly)*

This article reviews the initial three rounds of data collected by village health committee members in 225 pilot villages in Maharashtra.

- Jan Sunwai (public hearings) have become an essential tool for Community-Based Monitoring and Planning (CBMP) of health services in Maharashtra.
- This approach aligns with the 'Right to Health Care' by placing the health rights of the community at the forefront of the process.

### *3. Community-Based Planning and Monitoring Programme (CBPM) in Bihar*

Since its implementation in May 2011, the CBPM has been part of the state Programme Implementation Plan under the NRHM, facilitated by the State Health Society.

- Motivated by project staff and VPMC members, people began to speak out about long-standing issues. Previously, they felt too intimidated to speak in front of doctors and officials, but the CBPM program taught them that health is their right (adhikaar).
- Most VPMC and PRI members believe that Jan Samwads (public dialogues) need to be held regularly.

### *4. Developing Political Capabilities with Community-Based Monitoring for Health Accountability: The Case of Mahila Swasthya Adhikar Manch*

Drawing from qualitative research with the Indian grassroots women's organization Mahila Swasthya Adhikar Manch, the study argues that CBM can enhance political capabilities by mediating communities' relationships with the state and within the communities.

- The study suggests that merely measuring the impact of CBM on health services is insufficient.
- Expanding research focus to include the processes of CBM is essential to fully understand the role of civic engagement and to restore its political relevance.

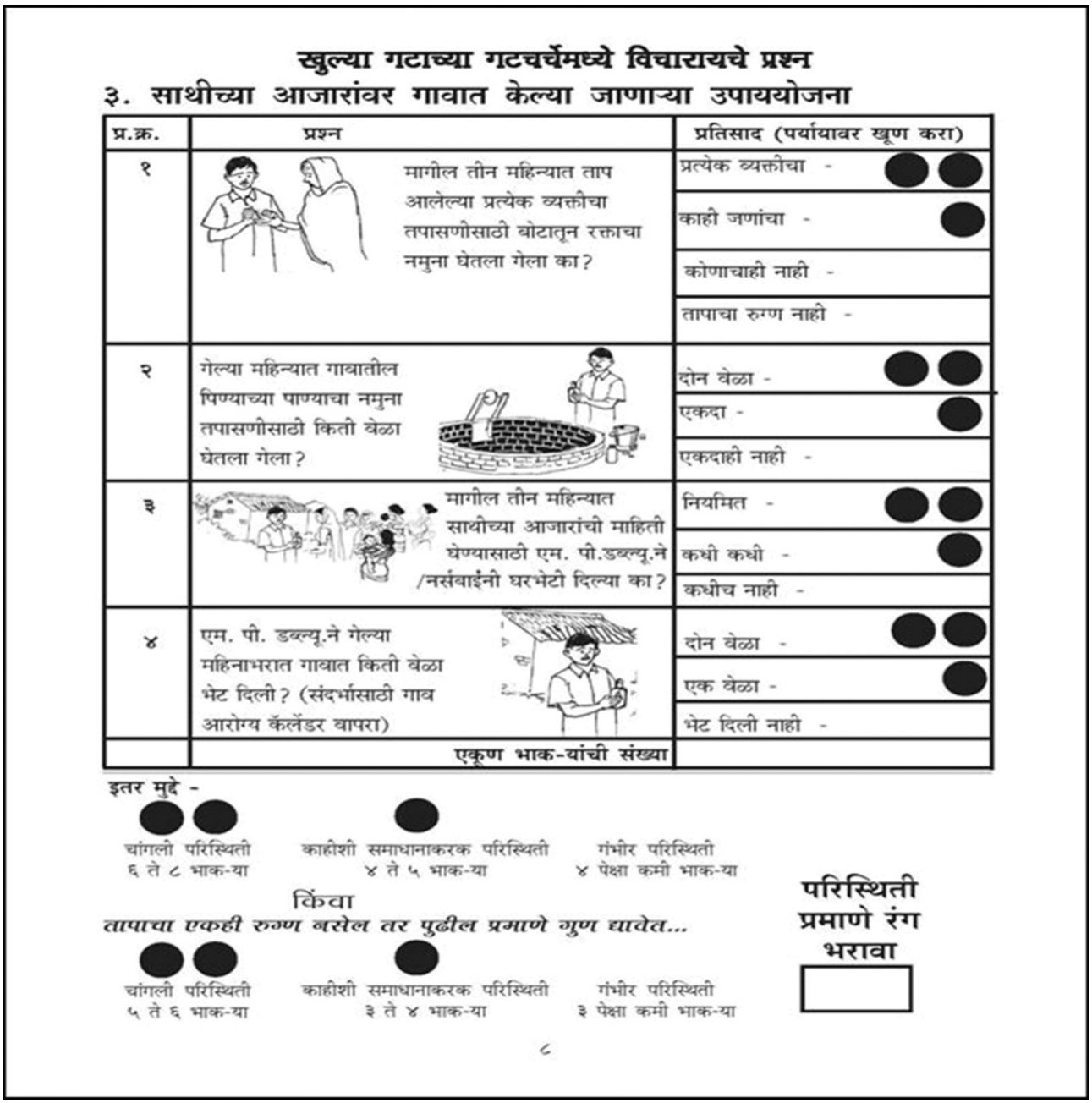
**Current Status of CBM or Existing Practices**

**Community-Based Planning and Monitoring Programme (CBPM) in Bihar**

- The Community-Based Planning and Monitoring Programme (CBPM) has been conceptualized and implemented in Bihar since May 2011 by the State Health Society.
- The programme is part of the state Programme Implementation Plan under the National Rural Health Mission (NRHM).
- The success of CBM in these projects is attributed to a strong presence of civil societies, the involvement of public health personnel and the community as primary stakeholders, adequate geographic representation, and the critical role of monitoring committees.

**Pictorial Tools Used for Community Monitoring**

- Monitoring Booklet Forms
- Village Health Calendar
- Interview Format for Medical Officers at PHC/CHC
- Actual Medicine Stock Taking at PHC/CHC
- Format for Exit Interviews at PHC/CHC
- Documentation of Testimonies Regarding Denial of Health Care



खुल्या गटाच्या गटचर्चेमध्ये विचारायचे प्रश्न

३. साथीच्या आजारांवर गावात केल्या जाणाऱ्या उपाययोजना

| प्र.क्र. | प्रश्न | प्रतिसाद (पर्यायावर खूण करा) |
|---|---|---|
| १ | मागील तीन महिन्यात ताप आलेल्या प्रत्येक व्यक्तीचा तपासणीसाठी बोटातून रक्ताचा नमुना घेतला गेला का? | प्रत्येक व्यक्तीचा - ●● |
| | | काही जणांचा - ● |
| | | कोणाचाही नाही - |
| | | तापाचा रुग्ण नाही - |
| २ | गेल्या महिन्यात गावातील पिण्याच्या पाण्याचा नमुना तपासणीसाठी किती वेळा घेतला गेला? | दोन वेळा - ●● |
| | | एकदा - ● |
| | | एकदाही नाही - |
| ३ | मागील तीन महिन्यात साथीच्या आजारांची माहिती घेण्यासाठी एम. पी.डब्ल्यू.ने /नर्सबाईंनी घरभेटी दिल्या का? | नियमित - ●● |
| | | कधी कधी - ● |
| | | कधीच नाही - |
| ४ | एम. पी. डब्ल्यू.ने गेल्या महिनाभरात गावात किती वेळा भेट दिली? (संदर्भासाठी गाव आरोग्य कॅलेंडर वापरा) | दोन वेळा - ●● |
| | | एक वेळा - ● |
| | | भेट दिली नाही - |
| | एकूण भाक-यांची संख्या | |

इतर मुद्दे -

●● चांगली परिस्थिती ६ ते ८ भाक-या

● काहीशी समाधानाकरक परिस्थिती ४ ते ५ भाक-या

गंभीर परिस्थिती ४ पेक्षा कमी भाक-या

किंवा

तापाचा एकही रुग्ण बसेल तर पुढील प्रमाणे गुण द्यावेत...

●● चांगली परिस्थिती ५ ते ६ भाक-या

● काहीशी समाधानाकरक परिस्थिती ३ ते ४ भाक-या

गंभीर परिस्थिती ३ पेक्षा कमी भाक-या

परिस्थिती प्रमाणे रंग भरावा

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**Preparation and Display of Report Cards Process**

***1. Data Collection***

Village Health Committee (VHC) members and block facilitators collect data on health services at the village, Primary Health Centre (PHC), and Rural Hospital levels.

Data collection involves various aspects of health services such as availability of medical supplies, frequency of health check-ups, community feedback, and performance of health workers.

***2. Data Analysis***

The collected data is analyzed to identify trends, gaps, and areas of improvement in the health services.

Analysis may include comparing actual service delivery against targets, identifying common issues faced by the community, and evaluating the overall performance of health facilities.

***3. Report Card Preparation***

Based on the analysis, report cards are prepared by the VHC members and block facilitators.

The report cards summarize key findings, highlight strengths and weaknesses, and provide actionable recommendations for improvement.

They use a simple and clear format to ensure that the information is easily understandable by all community members.

***4. Display of Report Cards***

The prepared report cards are displayed in poster form at prominent locations in the village, PHC, and Community Health Centre (CHC).

This ensures transparency and keeps the community informed about the status of health services.

Displaying the report cards publicly encourages accountability and motivates health workers to improve their performance.

**Benefits**

- ***Transparency*:** Public display of report cards promotes transparency in health service delivery.
- ***Community Engagemen*t:** Involves the community in monitoring and improving health services, making them active participants in their health care.
- ***Accountabilit*y:** Encourages health service providers to be accountable for their performance.
- ***Feedback Loop:*** Provides a structured way for the community to give feedback on health services, which can be used to make necessary improvements.

**Example Report Card**

| Health Service Aspect | Performance Rating | Comments |
|---|---|---|
| Availability of Medicines | Satisfactory | Need timely supply of stocks |
| Frequency of Health Check-ups | Good | Regular check-ups conducted |
| Community Feedback | Needs Improvement | Better communication needed |
| Performance of Health Workers | Good | Dedicated and responsive |

**Next Steps**

- Regularly update the report cards to reflect ongoing changes and improvements.
- Use the findings from the report cards to hold regular review meetings with health workers and community members.
- Implement the recommendations from the report cards to enhance health service delivery.

**Public Hearings (Jan Sunwais): A Forum for People's Voice and Accountability**

- **Report Cards and Cases of Denial:** During public hearings, report cards and specific cases of denial of health services are presented.
- **Health Officials' Responses:** Health officials respond to the issues raised by the community.
- **Action Orders:** Specific actions are ordered to address service issues at the village, PHC, and Rural Hospital levels.
- **Frequency:** Over 550 public hearings have been organized at PHC, block, and district levels.

**Significant Improvements in Health Services in CBM Areas**

- **Cessation of Private Prescription Practices:**

PHCs have largely stopped the practice of prescribing medicines from private shops.

- **Reduction in Illegal Charges:** Illegal charges by certain medical officers have been curbed, addressing corruption.
- **Improved Visits by Health Workers:** The frequency of visits by ANMs and MPWs in villages has increased.
- **Improvement in Behavior:** Instances of rude and abusive behavior have been stopped.
- **Increased Immunization Coverage:** There has been a noticeable improvement in immunization coverage.
- **Functionality of Facilities:** Previously non-functional sub-centers, mobile units, and lab facilities are now operational.

**Existing Problems/Shortcomings**

- **Terminology Discomfort:** In many states, the health department was uneasy with the term "monitoring."
- **Limited Acceptance:** While state-level officials accepted CBM, there was limited acceptance at the district and lower levels.
- **Adversarial Relationships:** Instances of adversarial positions arose between local health department officials and NGOs.
- **Offence Taken:** Health departments and officials have sometimes taken offence after public dialogues (Jan Samvad).
- **Weak Relationships with Panchayati Raj Institutions:** Building relationships with panchayati raj institutions has been challenging and relatively weak in most states.
- **Complexity of Tools:** Community monitoring tools are perceived as complex and need to be simplified to be more user-friendly.
- **Inconsistent Funding:** Sporadic release of funds from the Government of India has impacted the community monitoring process.
- **Need for Human Resources:** There is a need for more human resources to dedicate adequate time to the process.
- **Internalizing Accountability:** Health providers in traditional hierarchical systems struggle to internalize accountability to the community and respond to its demands.
- **Resistance from State Health Departments:** CBMP accountability processes have faced significant resistance from state health departments in nearly all states.
- **Control over Mechanisms:** State health departments' control over financial and administrative mechanisms has restricted CBMP processes, causing delayed fund flow, tedious reporting requirements, and interruptions of activities.
- **NGO Role and Selection:** There has been a dilution of the role of NGOs or questioning of their selection.
- **Lack of Institutionalized Guarantees:** Generally, there is a lack of institutionalized service guarantees and grievance redressal mechanisms.
- **Effectiveness at Local Levels:** Community-based monitoring activities have been most effective at the local health services level, while actions and decisions at higher levels (especially the state level) have been less effective.
- **Systemic Problems:** Persistent systemic problems include staff vacancies and shortages of medicines due to issues in procurement and distribution systems.
- **Slow Empowerment:** The empowerment of actual community members and the involvement of PRI members has been slower than expected, requiring substantial efforts.
- **Monitoring Focus:** There is a tendency towards "Karyakarta based" (activist-based) or "Committee based" monitoring.

**General Strategies for Improving Child and Adolescent Well-being**

- **Enhance Research and Monitoring:** The government should support research to improve community-monitoring systems and lead efforts in defining critical aspects of youth functioning, including risk and protective factors.
- **Federal Support for Infrastructure:** Federal backing is essential for states and local communities to build the necessary infrastructure to collect, organize, and share well-being data.
- **Policy Influence:** Federal policies promoting assessments of child and adolescent well-being can encourage the adoption of effective community-monitoring systems.
- **Unified Approach:** A cohesive federal

strategy is needed to support the development of these monitoring systems.

**Lessons from Maharashtra**

- **Community Engagement:** High levels of community involvement and ownership are crucial in the Community-Based Monitoring Process (CBMP).
- **Accountability and Responsiveness:** Emphasize accountability and responsiveness within the system.
- **Provider Support:** Build support among providers for performance monitoring.
- **Government Sanction:** Secure formal government endorsement for the CBMP process.
- **Regular Reviews:** Conduct periodic multi-stakeholder reviews to assess progress.
- **Remove Constraints:** Eliminate barriers to civil society representation on CBMP bodies.
- **Decentralized Planning:** Expand opportunities for decentralized planning.
- **Redressal:** Improve the effectiveness of grievance redressal systems.
- **Health System Issues:** Address systemic and structural issues within the health system.
- **Health Priority:** Elevate CBMP as a higher priority within the public health system.

**Lessons from Bihar**

- **Formal Spaces:** Use formal entities like VPMC and VHSNC to enhance community accountability in health.
- **Community Empowerment:** Empower communities with knowledge to monitor health systems and support local healthcare providers.
- **Marginalized Groups:** Make specific efforts to involve marginalized communities to improve their access to public services.
- **Role of Elected Representatives:** Elected officials can support community participation and balance power dynamics between communities and health providers.

**Recommendations Based on CBM Model and Indian Public Health**

- **Integrate Models:** Utilize various models throughout different stages of a project, recognizing each model's strengths.
- **Model Complementation:** Ensure models complement each other effectively.
- **Legitimacy:** Mandate models through public policy and integrate learning into ongoing program implementation.
- **Build Accountability:** Address gaps in services and supplies to build trust in the process.
- **Capacity Building:** Enhance functional literacy and facilitate social audits and Gram Sabah as pre-conditions for success.
- **Local Support:** Strengthen processes with support from local bodies.
- **Effective Tools:** Combine PRA tools (like charts and maps) with written statements to accommodate high illiteracy rates.
- **Training and Sensitization:** Conduct training and sensitization for both service providers and community members through various methods.
- **Preparation and Participation:** Build community ownership and participation through preparatory work before social audits and Gram Sabha, and use updated social maps for effective micro-level planning.

**Nursing Implications**

- **Household Visits:** Regularly enumerate adults aged 30 and above during routine household visits.
- **Screening Estimates:** Estimate the population that needs to be screened.
- **Family Folder Maintenance:** Complete and maintain family or household folders.
- **Community-Based Assessment Checklist (CBAC):** Ensure CBAC completion for individuals aged 30 and above.
- **Health Cards:** Create and manage individual health cards.
- **Village Register/Family Folder:** Maintain accurate records in the village register and family folders.
- **Waist Measurement:** Measure waist circumference as part of health assessments.
- **Risk Assessment and Prioritization:** Assess health risks and prioritize individuals for screening.
- **Health Program Participation:** Engage in the implementation of health programs and

advocate for preventive measures to enhance child health.

- **Family and Community Involvement:** Involve families and increase community participation in promoting child health and preventing childhood diseases.
- **Program Planning:** Contribute to the planning of child health programs.
- **Beneficiary Estimation:** Estimate the number of beneficiaries, identify non-participants, and address dropout issues in immunization programs.
- **Immunization Acceptance:** Assess and address reasons for non-acceptance of immunization.
- **Immunization Records:** Maintain immunization cards with necessary information and schedule follow-up visits.
- **Clinic Records:** Keep up-to-date records of clinic activities, including registers, stock levels, attendance for vaccinations, and vaccine usage.
- **Coverage Reporting:** Report on immunization coverage and related issues specific to the area.

**Available Resources and their use**

1. **WHO Monitoring Checklist:** Use the WHO's monitoring and supervisory checklist for community-based initiatives.
2. **CBM and MSH/UNICEF:** Utilize CBM resources and support from MSH/UNICEF.
3. **RCH Program Monitoring:** Monitor Reproductive and Child Health (RCH) programs.
4. **Nikshay Online Tool:** Use the Nikshay tool for monitoring tuberculosis control programs.
5. **ICDS Growth Monitoring:** Implement the Integrated Child Development Services (ICDS) growth monitoring chart.
6. **AIDS Surveillance:** Utilize AIDS sentinel surveillance for tracking and monitoring.
7. **Integrated Disease Surveillance:** Apply the Integrated Disease Surveillance Programme for disease monitoring.
8. **Non-Communicable Disease Screening:** Conduct screening and monitoring for non-communicable diseases.
9. **Polio Eradication Monitoring:** Engage with the polio eradication monitoring program in India.

## CONCLUSION

Community Health Monitoring should be integrated into the framework of national health programs. It guarantees systematic reporting, clarifies responsibility and accountability, evaluates efficiency and effectiveness, offers data for better decision-making, ensures optimal resource allocation, and fosters ongoing learning and improvement.

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