

Making community monitoring work

Arogyashreni - GRAAM's 3 year project on community monitoring of primary health centres illustrates what it takes to make community monitoring work successfully and provides evidence that community participation in health is the right way to go.

Community Participation in Health

The National Rural Health Mission (NRHM), Government of India's flagship program on health has identified improving the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children as its goal. NRHM also envisaged a significant role for communities to play in monitoring the health services they are entitled to and towards this, different committees have been mandated the level of each village and Primary Health Centre (PHC) viz. Village Health and Sanitation Committee (VHSC), Arogya Raksha Samiti/Rogi Kalyan Samiti and PHC Planning and Monitoring Committee (PMC) among others. It is the role of the PHC Planning and Monitoring Committee to monitor the availability of facilities and services at their PHCs, oversee the utilization of untied funds and dialogue with the local health functionaries, including the doctor on issues affecting the health center. The PMC comprises elected members of the Gram Panchayath and members of the VHSCs of the villages that are under the purview of the PHC.

Technology Enabled Community Monitoring

Arogyashreni - an action research project implemented by GRAAM across Mysore District of Karnataka covering 112 rural PHCs worked with communities to build their capacities in monitoring the PHCs with the aid of technology and thereby improve the services.

The project involved multiple stages starting from mobilization of members and activation of the committees, awareness creation, training and capacity building of the members on health &

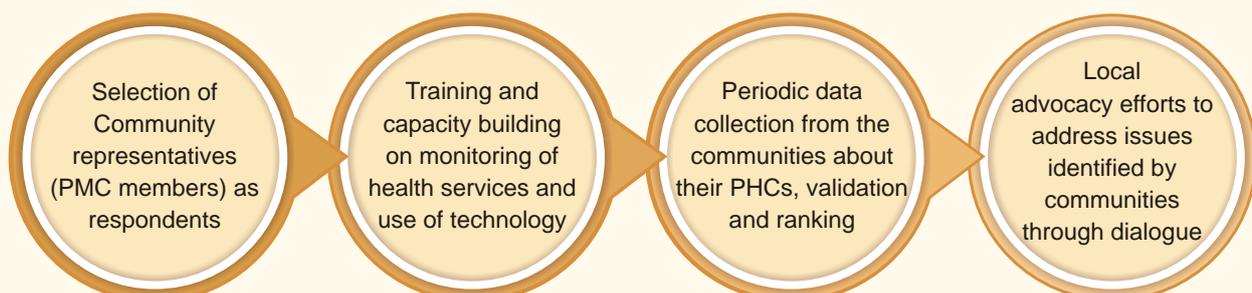


monitoring of health services. The committee members contributed to ranking of PHCs across the district by responding to a questionnaire about the availability and quality of services of their PHCs using Interactive Voice Response technology through their mobile phones. Using the platform created by the project for dialogue among the stakeholders, the communities further engaged in local advocacy efforts to drive positive changes in their PHCs. These include changes on the ground as well as in attitudes and perspectives.

“We have seen a change in the way communities articulate the problems of their PHCs. From making ambiguous comments about their PHCs such as “this PHC is of no use” or “this is a bad PHC; nothing works here”, the same community members now refer to specific issues, rather than making any sweeping statements. That is an important indicator of the success of the model.”

Ravi C.S.

Community Coordinator - Arogyashreni



Through all the stages of the project, a dedicated field team played the critical role of facilitating a constructive environment for change.

Community Monitoring - Successful Elements

Sustained efforts of the field facilitators who worked with communities throughout the project have rendered 'community monitoring' of PHCs in Mysore District a successful process in many ways.

Greater awareness: The communities are not only more aware about the health facilities and schemes, but also of the health system and processes.

Monitoring: The PMC members of all 112 PHCs have regularly met to monitor the services in their health centers and used the project questionnaire as a checklist.

Use of technology: The rural communities have successfully demonstrated their ability to use technology in responding to the questionnaire. Technology use played a positive role in kindling community interest and also in capturing comprehensive information of PHCs.

Improved relationships: Relationship between the community and the doctors in most PHCs have improved significantly. Further, the PMC members have built relationships with different stakeholders in health to bring positive changes.

Improved processes: There is greater transparency, dialogue and planning in the utilization of untied funds of the PHCs.

Going Beyond Monitoring

With increasing awareness and not being satisfied by merely responding to questions, the PMC members have shown keen interest in addressing issues at their PHCs. These efforts have yielded changes such as infrastructure development, recruitment of new manpower and improvements in other facilities and services in at least 26 PHCs. Notably, the community members have attempted local solutions and reached out to the health department, Panchayath Raj Institutions, people's representatives and concerned individuals.

The positive community response and their participation in monitoring and advocacy proves that 'communitization' in programs such as NRHM is a step in the right direction, provided there is an enabling environment created by the State and other partners.



Critical Lessons and the Road Ahead

- 1 Communities need not just orientation & training, but handholding in the form of sustained continuous coordination and motivation by organizations working at the grassroots on health and community empowerment. **Therefore, Government must commit to sustenance of community monitoring by drawing up programs lasting a minimum of 3 years with committed and reliable partner organizations, and allocate budget towards the same.**
- 2 There is significant diversity among communities in the readiness and response to community monitoring resulting in variation in the time and intensity of the capacity building initiatives. **Models similar to Arogyashreni, with suitable modifications must be piloted in at least 4 other districts of the state in different regions that vary in the socio-economic background of the people as well as the health indicators.**
- 3 Communities have demonstrated the ability to use technology and the use of technology has also given us a comprehensive data base of issues in the PHCs that can be analyzed and used for planning as well as monitoring the effectiveness of schemes launched by the Govt. **The State must invest in the deployment and maintenance of technology for monitoring the services at the level of health centers based on data provided by communities.**
- 4 The success of community monitoring not only depends on the activeness of the communities, but also on the responsiveness and supporting role of the medical officers and other health staff. **Adequate training must be provided to medical officers and other health staff in the communitization processes envisaged in NRHM, so that they internalize the concepts and attitudinal aspects needed to work with communities.**

About GRAAM

GRAAM (Grassroots Research And Advocacy Movement) is a public policy research and advocacy initiative based in Mysore, India focusing on research incorporating grassroots perspectives and advocacy based on empirical evidence that reflects community 'voice' and is characterized by a collaborative approach. Incubated in Swami Vivekananda Youth Movement (SVYM) for about 3 years since January 2011, GRAAM has undertaken research, evaluation, consultancy projects and advocacy initiatives in the sectors of public health, education, sanitation, nutrition, human development, livelihoods, disabilities, CSR and media. For more information, please visit www.graam.org.in

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