EVALUATION OF COMMUNITY-BASED MONITORING: THE VIEW OF BETTER HEALTHCARE IN GADCHIROLI, MAHARASHTRA.

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ABSTRACT

Background: Community monitoring entails formation of planning and monitoring committees at the level of village, PHC and block. Each of these committees will have representation from the service providers, panchayati raj institutions, community and civil society organizations. Mentoring groups are to be formed to support these committees at district, state and national level, this is still an evolving concept and currently it is piloted in 9 states of India. Objective: This study aims to evaluate the effect on various key indicators implemented via community-based monitoring in sub-center of Kurkheda block of district Gadchiroli, Maharashtra. Methodology: This community based Quantitative method study was carried out in 15 Villages out of 25 villages in kurkheda block, Gadchiroli. Simple Random Sampling (Lottery method) was used to select the 15 villages, secondary data from 5 sub-centers are collected based on the health indicator for the year of March’2010-March’2018 during the study period (The period of study was from 20th August-13th October’2018). Result: the result show that due to the better supply of equipment’s, better accessibility to the Sub-centers, PHC, and increased awareness there is a decrease in infant deaths, maternal deaths, and other key indicators that fall under the umbrella of CBM. Our study observation reveals that there is a committee called as Village Health & Sanitation Committee (VHSC) in every CBM village of Kurkheda block, district Gadchiroli, Maharashtra and they are performing well. Conclusion: Community-based monitoring approach provides a platform for convergent action through the elimination of discontent and miscommunication amongst all stakeholders.

Keywords: Community-based Monitoring; Key Indicators; Village Health & Sanitation Committee

INTRODUCTION:-
The National Health Mission (NHM) was launched in the year 2005, by the United Progressive Alliance (UPA), Government of India. NHM launched with the objective of improving the availability and accessibility to quality healthcare to the people, especially for the rural residents, and vulnerable group such as women and children. In order to meet their needs and services to whom it is meant, the NRM submitted the framework that includes Community-based Monitoring (CBM) as one of its key components.¹²³

Concept of CBM
Community-based Monitoring is the key strategy for success in the view of accessibility, availability, and quality of the healthcare, especially for the rural area people. Steps of CBM includes getting the community support, activating, motivating, capacity building and allowing the community and its representatives e.g. community-based organizations (CBOs), people’s movements, voluntary organizations, and Panchayat representatives, to directly give feedback about the functioning of public health care services in the specific area. The community monitoring process has the three-way partnership it involves the health care providers, health system managers, the community, community-based organizations, NGOs (Non-Government Organization) and Panchayati Raj Institutions.⁴⁵ The Community Based Monitoring is a new concept, currently, it is piloted in nine states of India; Assam, Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Orissa, Rajasthan, and Tamil Nadu. In 2010 Uttarakhand was the 10th state added to CBM system under NRHM implemented as pilot phase and there are 475 sub-centers of 95 blocks in all 13 districts of Uttarakhand state. For coordinating the CBM activities the Non-Government Organizations were selected in all the districts of the state. Community Monitoring Groups (CMGs) was formed by NGO at three different levels (sub-center, block PHC, and the district). CMGs village/ sub-center level the committee members include Gram Panchayat members from the village, Accredited Social Health Activist (ASHA), Anganwadi Sevika, Auxiliary Nurse Midwife (ANM), Self Help Group (SHG) leader, village representative of any community-based organizations working in the village.⁶⁷⁸
Rationale: Amhi amchya Aarogyasathi has been working on CBM since 2011, assessment of the programme with respect to key indicators has never been done so to fill the gap and examine the success of the programme the study was conducted.

Objective: This study aims to evaluate the effect on various health indicators implemented via community-based monitoring.

Operational Definitions
CBM: Community based monitoring is a relatively new scientific field. In a broader sense, humans have been always “monitoring” their environment but monitoring by local residents as an organized activity has only recently begun playing a role in research.

CBMS: An organized way of collecting information at the local level for evidence-based policy making by local government units in partnership with national government agencies, NGOs and civil society for planning, program implementation, and monitoring.

Secondary data: Secondary data is a type of quantitative data. When the data is already collected by somebody for a purpose other than the researcher’s present project and has previously undergone the numerical analysis is called as Secondary Data.

MATERIALS & METHODS
Geography: Kurkheda is a Block positioned in Gadchiroli district in Maharashtra. Placed in the urban part of Maharashtra, it is one among the 12 blocks of Gadchiroli district. According to the administration register, the block number of Kurkheda is 105. The block has 128 villages and there are a total of 20,136 families in this Block. As per Census 2011, Kurkheda’s population is 86,073. Out of this, 43,582 are males whereas the females count 42,491 here. This block has 9,511 kids in the age group of 0-6 years. Among them 4,858 are boys and 4,653 are girls. Study area – 15 Villages in kurkheda block, Gadchiroli. A study was conducted in 15 Villages in kurkheda block, Gadchiroli district which fall under CBM. The kurkheda block consists of 25 villages that come under the concept of CBM. By using Simple Random Sampling (Lottery method) we selected 15 villages. The sampling unit is 15 villages of kurkheda block, Gadchiroli. Secondary data is obtained from five sub-centers (Sonerangi, Deulgaon, Ghati, Belgaon, and Yengalkheda) from March’2010-March’2018.

Data collection Instrument: Data was collected through the semi-structured questionnaire for study. It has a list of health indicators such as Infant deaths, maternal deaths, family planning etc.

Review of tools: Tools are reviewed by a group of experts (the project director-Shubada Deshmukh and field coordinators) in term of comprehensiveness, completeness, and sequencing. Based on the expert review tools was revised and finalized.

Data Cleaning: After the data is collected it is cleaned and MS excel was used for further analysis.
Ethical consideration: prior permission was obtained from the project director-Dr. Shubada Deshmukh (Amhi Amchya Arogyasathi).

RESULTS

Data Analysis for the Key Indicators under CBM

1) Infant Deaths- Number of deaths of children born under the age of 1 in a specific year.

It can be observed from the following trend analysis that the infant deaths have reduced over a period of time in comparison to the baseline year (2010). The main reason is due to the better supply of equipment’s, better accessibility to the Sub-centers, PHC, and increased awareness.

The various causes for infant deaths in a male and female child during 2010-2018 are shown in the graph below.

2) Neonatal Deaths- Number of deaths during the first 28 days of life.

The various causes of neonatal deaths with respect to sex have been shown in the figure above. Showing higher neonatal deaths to be common among male child.

Neonatal Deaths

The various causes for neonatal deaths in a male and female child during 2010-2018 are shown in the graph below.
3) **Still Births**-defined as fetal death at or after 28 weeks of gestation.
Following the implementation of CBM, the stillborn have also reduced from 5 in 2010 to 3 in 2018.

4) **1-5 Years Old Deaths**-It was found that only one death between the age of 1-5 years (a male child) was noticed that was due to drowning.

5) **Maternal Deaths**-Only one death has been observed from the year 2010-2018, that was caused in a pregnant female suffering from sickle-cell anemia in 2016-17. Due to increased institutional deliveries and better Antenatal care, postnatal care and increased awareness with respect to diet, better accessibility to healthcare facilities there has been reduction in maternal deaths.

6) **Place of Delivery**-it was observed that following the implementation of CBM, the total number of institutional deliveries have gone up and the number of home deliveries has reduced considerably.

7) **Total Number of Tuberculosis Patients**-It can be seen that the total number of tuberculosis patients have reduced over the period of time following the implementation of CBM.

8) **Total Number of Leprosy Patients**-following the implementation of CBM, the total number of leprosy patients has remained the same as of 2010.
9) Total Number of Malaria Patients - they have also reduced to a considerable extent following the implementation of CBM. This is due to better awareness, fogging and accessibility to health care centers.

10) Malnutrition - Among children between the age of 0-6 years, a significant reduction in severe underweight and medium underweight children has been over the period of years.

11) Effect on Birth Weight of Children - Following the implementation of CBM, there has been a significant reduction in the babies who are born with weight<1.5 kg that is very low birth weight baby as well as low birth weight baby (1.5-2.5 Kg). And there has been an overall increase in the babies born healthy (>2.5 Kg).
12) **Target Couples and Sterilization** – Following the implementation of CBM, due to increased awareness regarding Family planning, the number of target couples that is married women who are in the reproductive age group of 15-45 years and have two children; the people undergoing sterilization as a method for family planning have increased.

Also, a significant finding was that the total number of sterilizations undergone by the female partners is comparable to that of males, showing that there has been increased awareness with respect to family planning among male counterparts too.

*More than percentage, number can represent the result very well, so most of the result is represented in numeric value than in percentage.*

**DISCUSSION AND CONCLUSION**

The aim of the study was to evaluate the various health indicators implemented via community-based monitoring in Kurkheda block, Gadchiroli. Study results show that community-based monitoring in Kurkheda block, Gadchiroli is doing good because all the health indicators are improved and Villages in kurkheda block, Gadchiroli has all the committee members as per guidelines of NRHM at the village / sub-center level. A community based prospective study conducted by Kumar S et al at Haldwani block shows that the infrastructure and manpower, equipment and supplies, and service availability was under good in 2011-12 but in the present study by observation, it is better in Gadchiroli. An article by Dr. Narendra Gupta states that important component of community-based monitoring system is initiating the interaction section between the community people and the healthcare professional/ the health care service providers for the purpose of providing the primary health care by facilitating the quality health services. The current research study also proves that a health indicator of the Gadchiroli has improved.

Our study reveals that there is a committee called as Village Health & Sanitation Committee (VHSC) in every revenue village of Kurkheda block of Gadchiroli, Maharashtra and they are performing very well, in the view of improving the health status of a community people, promoting health and preventing the disease. Important task of the VHSC is to monitor the health services to be offered at village level which are: early registration of pregnant women, complete periodical ante-natal check-ups with appropriate counseling & education, arrangements for transport for institutional delivery, post-natal care & support, immunization to
infants, treatment of minor ailments & regular periodic medication to chronic patients besides sanitation related activities. VHSC should keep track of the maternal and child deaths, ensure verbal autopsies of such deaths. This committee has to meet once every month to discuss about the health scenario of the village and to review the progress of the village health implementation. Community-based monitoring approach provides a platform for convergent action through the elimination of discontent and miscommunication amongst all stake holders. It is being envisaged that constitution of such standing forums will create space for regular input of community in shaping, planning and executing health services based on specific requirements at different institutions of health care delivery. To improvise the community-based monitoring adequate and timely funding along with strong political will and administrative commitment is needed.9,10

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Availability of data and materials: The datasets used and/or analyzed during the current study are available with the corresponding author.

Conflict of Interest
None.

Source of Funding
None.

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