

Stages of Community Monitoring

Stage One: Policy review for identifying health entitlements and gaps

Importance: The bedrock of community monitoring are the health related entitlements that citizens have. Unfortunately not many among the marginalised are aware of these entitlements. In many cases they are not even aware of the procedures that are necessary to access public services, eg. immunisation services, maternal health services etc. Entitlement awareness is the process which is expected to familiarize the marginalised communities to the policy provisions as well as the programmatic procedures which will enable them to access health care services. The process of policy review will help to come up with entitlement related information which can then be converted into written material, become part of the mobilisation package tools, and form the basis for community monitoring. The policy review is an essential component of the training curriculum for community mobilisers.

Components of policy review

- *Status of health care services within the public policy framework*

According to International Human rights laws to which most countries are signatories, health is a human right (ICESCR, CEDAW, CRC),and countries have to make provisions for the fulfillment of these rights. Some countries like South Africa have included health as a fundamental right within their constitution. As a part of the policy review it necessary to understand what is the status of health care within the nation public policy framework. Is it a fundamental right or an entitlement? What are the different policies around health care in the country? Is there any provision within public policy for special consideration for marginalized people or special population groups and their health care? Is it equal right for all? What are policy provisions/ laws for case of violation of health care in the country?

- *Demographic and health information of the people we are concerned about*

What are the key health issues, what is the population, what are the problems faced by them – health issues, social issues economical issues etc. Where are they situated – rural urban, state obligations to meet their demands – health, education, housing sanitation, water etc, Maternal and child health issues in the community, means of livelihood. This information may be available from the Census, Demographic and Health surveys, special surveys conducted by the Government or UN agencies and so on.

- *Health System*

What is public health care provision system in the country? What is it for rural areas and for urban areas? What are the different levels of health care facilities in the country? What are the provisions for preventive services like immunization of children? What services are available at each level of facilities? What are the services that are supposed to be free? What are the

mechanisms for ensuring access to health care services. What is the policy regarding drugs and medicines? Are they free? Is there a system of co-payments?

- *Human Resources for Health*

Who are the key personnel within the health care system. Who are the health care providers at the each level of facilities, Tasks (role and responsibilities) perform by health professionals of each level.

- *Infrastructure*

What is basis for allocating health care services – clinic, general practitioner, hospital – how much population are they supposed to be cater to. What are the provisions for emergency care, referral, specialist care. What are the standards for quality of care / services.

- *Health Insurance*

The criteria, eligibility criteria, what are the benefits, coverage period, how one can get a health insurance card. Is there a feedback and grievance redressal mechanism?

- *National Health Card/ Insurance*

What is the national health card, who gets it, what is the procedure for getting it? What is the coverage available under this card? What happens to them to those who are not covered by this card? How much have those who to pay for health services, uninsured person can avail health services – if yes under what circumstances. Is there any substitute for National health card?

- *Health care financing*

How is health care related expenditure managed in the country? What are the proportional funds allocated to health? Is there any special fund allocation for marginalized community? What is total fund allocation for health related activities – at the national level and municipal level? What are different component that government cover through funds allocated by them? How is budgeting and funding done for each level?

- *Role of Municipality or Local Government*

What is the importance of Municipal services in the context of health, eg water supply, sewage collection and disposal, refuse removal, electricity and gas supply, Municipal health services etc? Who are the responsible authorities, what is the source of funding and so on.

Converting the Policy Review into educational material

In order to contribute to the process of community monitoring the Policy Review has to be simplified and converted into different kinds of educational material. Simple booklets can be prepared for project staff and for leaders in the community. Leaflets can be prepared for the community at large. Illustrated posters can be prepared and placed in community places.

Stage Two: Community mobilisation and health entitlement awareness

Community mobilisation and participation is a key component of community monitoring. While mobilisation of disadvantaged communities provides them with increased capacity to bargain and negotiate, it also provides a platform for increased entitlement awareness, sharing of local resources, and collective planning and working together for change. Together these activities bring about a greater sense of ownership in the community about the public facility or service they are engaged in monitoring. The village or urban neighbourhood is the main focus for the community monitoring activities and mobilisation of the residents of the village or neighbourhood is an important part of the community monitoring process.

Objectives of Community Mobilisation-

- To have a shared understanding of the health issues of the community/ neighbourhood.
- To make the communities aware of their health related entitlements.
- To facilitate the formation of the village/ neighbourhood group / team
- To prepare village/neighbourhood health services profile
- To develop awareness about determinants of health.
- To jointly conduct the enquiry for community monitoring
- To facilitate public sharing of the findings of the enquiry and prepare a joint action plan
- Build ownership about public health service.

Steps towards Community Mobilisation

Urbanisation and increased mobility for purposes of work are increasingly fragmenting modern societies. However marginalised communities continue to live either in rural areas, and in somewhat compact urban neighbourhoods and also have a sense of collective identity. This sense of collective identity is an advantage in terms of community mobilisation and may make the first step of familiarization and rapport building easier. The broad steps for community mobilisation are as follows:

- *Step 1: Familiarisation and rapport building* – For the purposes of this manual it is being assumed that the process of community monitoring, including the process of community mobilisation is being facilitated by an external civil society organization. It is necessary that this external agency is familiar with the community and some of the members of the community are also familiar with members of the organization. This can be done through *informal meetings with key people* (leaders of community, church leaders, any active women from the community, village head if there is one). Once one is familiar with a number of the community it may be a good idea to take a walk through the village to get an idea about:
 - general layout of the village
 - different social groups in the village and where they stay.
 - service delivery points in the village
 - members of the community with specific or important health problems

- pre existing social groups in the village/ neighbourhood

During the familiarisation process it is important to also important to share information about one's own organization and its activities and the why the organisation has chosen to work with the community. It is important to develop a common sense of purpose with some key members in the community.

- *Step 2 – Group building* – Once members of the community are familiar with the members of the facilitating organization, its workers and purpose, it is important to move towards developing a formally shared objective with the community and also facilitate the formation of a collective or group which will represent community interests. In some cases there may be a pre-existing group which may have been formed for a different purpose. This group may choose to reorient its purpose for the current set of objectives and also include new members, or a new group may also emerge with some members from the earlier group and some new members. During group/collective formation process it is important to understand pre-existing groups and relationships and to build upon those. Some old groups may have lost energy but their leadership may be accommodated as mentors for youth who are willing to work for change. It is important the members of the group realize that their involvement in the social change process – in this case improvement in health service delivery through community monitoring, has to be through volunteer effort. In exchange for their volunteer efforts, the facilitating organization choose to provide some equipment for a youth club, books for a community library and so on. This kind of contribution may assist the process of group building. But Community Facilitators have to be conscious that they do not do anything which may undermine community identity, local leadership or promote personal interest over group interest.

Some of the practical steps towards group building could be to announce a meeting in the community around the issue of health. Pamphlets can be distributed to literate people and posters put up in the common meeting places of the people (e.g. near Church, wells, market place, playing area etc.), announcing purpose and time of the meeting and inviting all to attend. During this meeting it is a good idea to ask a person from the community to introduce the facilitating organization, and then the facilitating organization can introduce its purpose etc. The community has to be introduced to the general outlines of the health entitlements that it has and how gaps in the entitlements or in the way the services are being provided can affect their ability to access health services. At this meeting the contours of the new group is established.

- *Step 3 - Building capacity in the group* – Once a group has been formed and its membership identified, it is necessary to build capacity in the group. Some of the essential elements of this capacity building process will be to develop their knowledge about the health entitlements, the key health problems faced by the community, the key determinants of

health, the way the health system functions and so on. In addition the group members will also need to be trained on ways to effectively communicate in the village, how they can support other members in the community to facilitate access to health services. It may be a good idea to arrange a field visit to a hospital or doctors chambers to understand how the public health system actually works. Once the group members are sufficiently knowledgeable about the health system functioning and health entitlements, it will be their responsibility to spearhead an entitlement awareness process in their community. The group is also trained and encouraged to prepare a *village health profile* which can serve as the baseline to understand that changes that take place as a result of community monitoring. Once the entitlement process in the community is over the group is trained for conducting community monitoring exercise.

- *Step 4 – Entitlement Awareness in the Community* – Entitlement awareness is a crucial component of rights education. Marginalised communities are ignorant about and suspicious of public systems. They may have history of being discriminated and having faced abuse in the hands of public officials. In such situation it is important that the communities understand that the historical situation has changed and they are now citizens of the country and are entitled to some basic citizenship services. In many cases the entire gamut of citizenship services available to the majority community may not be available to the marginalised, but without a sense of entitlement they will not be able to raise a demand. The following activities may be conducted as part of entitlement awareness in the community:
 - Distributing pamphlets and FAQ's about the key entitlements and processes and complaint and grievance redressal mechanisms
 - Posters with same information
 - Small informal meeting conducted by members of the group
 - Skits and plays

Time Line

Community mobilisation and entitlement awareness is an intensive process and it may require multiple visits for familiarisation, developing rapport and group building. Once the group building process is over the capacity building of the group should take place soon so that they momentum is maintained. After the capacity building process the group can be expected to take more responsibilities.

Stage Three: Understanding community realities- Developing the village/ neighbourhood health profile

The Village/ Neighbourhood Health Profile can be an important building block in the process of conducting community monitoring. This profile should be used by the facilitators and the community team members to familiarise themselves before they start with the monitoring process. The village health profile will also help in comparing the changes that will be brought

about after the community monitoring process. The expected changes are improvement in services, increased utilisation of government services and decrease in health related expenditure.

What is the Village/ Neighbourhood Health Profile?

The Village/ Neighbourhood Health Profile is a summary of the key health related information of the village. It is generated through meetings with community, discussions with some of persons who have specific health problems and also by conducting a walk through the village. The information is summarized through a a Village/Neighbourhood Health Map and Village Health Information Summary Sheet. The steps for generating a village health map and the VHIS Sheet are given below.

How to Develop Health Map of a village?

The health mapping exercise is to be done in order understand the broad lay of the village/ neighbourhood so that the spatial issues related to access of services can be understood. The map gives an idea about which area is isolated, which area is further from the clinic and so on. The map also provides information about the household and individuals with different health problems. This mapping can identify who could be supportive neighbours, if neighbourhood support is necessary. This exercise will help to reach out the household for individual interview also this will help us to learn that how many households had health related problem in last one year. The village health map can easily be drawn during a village/ neighbourhood meeting where members from the community are present.

The following steps can be followed during mapping exercise:

- ***Explain the purpose of the Activity***

The facilitators ask the group whether they know why they have all gathered.

Briefs the group about the decisions taken during the last meeting? Take permission to start the information gathering activities.

- ***Starting Off - Drawing the Map of the Village***

Can any of you make a map of your village? Let's try.

Any volunteers? Let's first start by marking the boundaries – First identify where is north, south, east and west, mark it. Now what's to the North, lets draw it. What's to the south - lets draw it and so on to first mark the boundaries of the village. Where are the fields - Where are the houses? Any important roads? Any other landmarks that we would like to put up? (different items are to be marked with different colours.) Now let's start marking the neighbourhoods and lanes? Why don't people from different neighbourhoods mark their own area? So is this how our village looks?

- *Identifying the Cases, Problems and Resources*

Can we remember the households which have had illnesses/health problems in the last one year? Lets mark those houses (Try to elicit information about chronic communicable diseases). What were the problems? (one can use different colours for different diseases). Ask which are the household had delivery in last one year. Where do people go for treatment? What are the main problems people face in seeking treatment? Are there some individuals or families in the neighbourhood who help others in cases of illness and disease? Are there any stories?

- *Winding Up*

Now we know a lot about what happens around illness care in the village. If any of you thinks there is some information that is left out please get in touch with us. We will also meet for some other discussions in the next couple of days. Let's see if we can all get together and plan to make peoples' health better. Thank you all for coming.

Time frame

The mapping gives us a clear picture of cases/diseases. It is a very engaging and participatory exercise and many require more than two hours. The participants must be briefed and mentally prepared about the timings.

Reporting/ Recording

While two or three are involved in asking questions and getting the map made one person should record the verbal answers to the different questions, as well as the non-verbal communication going on. The report can include:

- Names of participants
- Time, date and place
- Responses to different queries (with non verbal messages) in brackets
- Facilitators and volunteers

The map that has been drawn on the group will have to be copied onto chart papers with colored markers. The veracity of the copy has to be attested by the volunteers.

Outputs

- Village map with names and residences
- Important service delivery places in relationship with the village – within the village outside the village in which direction – formal and informal
- Places with health related resources – vehicle for transportation, house of nurse (please write local community person who works as health mediator)

How to develop a village health summary sheet

The village health summary sheet is a collation of essential demographic and health information of the village. The information is generated through existing records, the discussion during the village health mapping meeting and through individual interviews with some persons with specific health problems. Some of the information included in the village health summary sheet could be:

- Population break-up with number of male and female
- Number of households
- Information around – number of adolescents girls, infant / children below the age of five years, persons over the age of 75years or any other specific population group
- Information around maternal health - number of deliveries during the year, place of delivery
- Information about health related facilities available in the village – like source of drinking water, sanitation system, health clinics, etc.
- Information around key illness and their treatment patterns
- Main problems faced by the community in accessing health services

Stage Four: Developing relationships with health functionaries and public officials

Once the community leadership is aware of the different aspects of the health services that they need and what is available to them today it is important for them to discuss these with their health providers. It may be necessary to build relationship with the local Multipurpose Health Worker as well as the Medical Officer of the local PHC for this purpose. The community leadership can approach the MO or the CMO and share their problems. This will enable the service providers to acknowledge the communities' concerns make it easier to proceed to the stage of interface.

Stage Five: Developing a skilled team

Importance: Ensuring community accountability is a complex process. The essential components of community monitoring like community mobilisation, documentation, campaign, monitoring, preparation of score cards etc requires special sets of skills and functioning. The mapping of skills and role will be helpful to decide what type of trainings and inputs the team will be required over a period of time. The clear list of skills and role/ responsibility will be helpful to draw a road map for the team and required input needed from their end. The list of roles and skills/ responsibility will help to ensure timely expected outcome of the project.

Components:

- 1) List of Roles
- 2) List of Skills

Role of community coordinator/mobiliser:

- Attending capacity building trainings
- Group formation & Group meetings
- Internal Advocacy
- One to one meetings with community people
- Supporting and Supervision of Community volunteers
- Coordination between community volunteers and organization
- Advocacy with Community
- Documentation
- Conducting monthly meeting with Group members
- Attending /participating in village meetings
- Community Action/ Monitoring
- Sharing of report card
- Developing and conducting community campaigns

List of skills needed

- Community Mobilisation
- Communication and Public speaking
- Organising skills
- Facilitation skills
- Leadership skills
- Organizing and facilitating meeting
- Campaign planning and organize same
- Conduct Community monitoring
- Skills in diagnosing and facilitating community process - assessing, foreseeing and observing the tension/ conflicts in the intervention area and suggest options/alternatives to address the same.
- Writing / case study skills
- Skill to conduct group discussion
- Skill in conducting interviews
- Skill in doing simple calculation
- Preparation of report card

Training community mobilisers

Before the a program of community monitoring starts it may be important to train coordinators/community moderators about the project its objectives, the different component, and anticipated out come and so on. It is also important to train them about theoretical aspect – like right to health, what is the health system in the country they reside in? What is community monitoring and elements of it? What are the barrier to health etc. This will help them to build

their capacity, understanding and skills to carry out their duty/responsibilities and ensure smooth roll out of the project. Training is vital in solving the problems and doubts and help build and boosts their confidence.

Objectives of the training

1. To increase knowledge about health issues, especially on entitlements and mechanisms for community participation and ownership
2. To develop an understanding on community monitoring within a framework of health rights
3. To develop skills in applying tools for community monitoring
4. To prepare an action plan for implementing the community monitoring programme

Participants

Municipal coordinators and village coordinators

Expected Outcomes

- Increase knowledge about health issues, especially on entitlements and mechanisms for community participation and ownership
- Develop an understanding on community monitoring within a framework of health rights
- Develop skills in applying tools for community monitoring
- Prepare an action plan for implementing the community monitoring

Duration 4 or 5 days with practical session in the field

Content areas of the training

- What are rights based approach to health
- The health system in the country
- Universal Access and social exclusion
- Understanding barriers to health
- Health programme implementation and marginalized communities
- Obtaining information related to health
- What is community monitoring?
- Tools for community monitoring
- How to administer tools – field visit / group work
- How to prepare Community Score Cards
- Sharing of Results – Public sharing