

# **Community Based Monitoring of Health Services**

**A Baseline Compilation**

**of**

**Community Feedback collected from VHSNCs**

**SHRC 2010-11**

# Community Based Monitoring of Health Services

## A Baseline Compilation of Community Feedback collected from VHSNCs of 22 blocks

### Summary of Main findings:

- a) **Health Sub Centre/VHND level services:** The feedback from village communities shows that immunization sessions are regular in large proportion (85% plus) of villages. Monthly/fortnightly visits by ANM/MPW and provision of drugs are also happening in similar proportion of villages. Regarding ANC services, provision of TT and IFA is happening in nearly 95% of villages but higher end services like BP examination are taking place in 46% villages only. 77% of villages are partially (49%) or fully (28%) satisfied with sub-centre level services.

Around 10% of villages showed poor awareness of their sub-centre. This may be either because the sub-centre being completely non-functional or the people approaching a physically closer higher level facility instead of the sub-centre for most of their needs including immunisation.

Some of the areas which sub-centres need improvement include the following:

- Around half of the ANMs do not stay in HQ villages
- In 30% of villages, there are on fixed days communicated to the village for VHND
- Some essential ANC services like BP examination, HB test etc. are not happening at sub-centre/VHND level in majority (50% plus) areas.

- b) **PHC level services:** The community feedback shows that around 60% PHCs are perceived as functional. 35% of PHCs have facility and staff to conduct deliveries during day as well as night. 57% of villages expressed full (12%) or partial (45%) satisfaction with their PHC.

Around 30% of villages had little idea about the functioning of their area's PHC perhaps because villages which are closer to block headquarters tend to use CHC facility more often than the PHC.

Some of the areas that PHCs need to improve upon include:

- The regularity of doctor at PHC should improve from the 58% reported in this survey, especially with RMAs being posted in PHCs.
- Very few (less than 20%) of PHCs have treatment available for emergencies like snake-bite or dog-bite.
- Around half the PHCs are providing drugs to patients. In other places they have to buy from outside.

- c) **CHC level services:** The community feedback shows greater satisfaction levels with CHCs as compared to PHCs. 87% of villages were fully (26%) or partially (61%) satisfied with their CHC.

around 85% to 90% of CHCs seem to be functional in their view and have facility for conducting deliveries round the clock. Around 80% of CHCs have a functioning laboratory service.

The areas that CHCs need to improve upon include:

- Only 6% of CHCs have emergency obstetric care.
- Only around 60% CHCs have treatment available for snake-bite or dog-bite and in majority of them, even BPL patients have to pay for these treatments.
- X-ray facility is available in only 60% of CHCs and BPL patients also have to pay for it in majority of centres.

## **METHODOLOGY**

### **Introduction:**

Swasth Panchayat Yojana is a state initiative of Chhattisgarh which aims to deepen involvement of Panchayats in health sector. As a part of this initiative, Swasth Panchayat Coordinators have been appointed in 25 blocks of the state. These coordinators are involved in capacity building of VHSNCs and facilitation of village health monitoring and planning. One of the objectives of Swasth Panchayat Yojana is to enable the communities to monitor and assess the health services. This matches with the objectives of the Community Based Monitoring (CBM) initiative of National Rural Health Mission.

The objective of the CBM initiative is also to enable the communities to monitor health and healthcare services provided by Government, record perceptions of the community and use it as a feedback for improving health services. Swasth Panchayat Coordinators were therefore also utilised as CBM Coordinators to facilitate the current exercise on collecting community feedback on health services. The purpose of this exercise is to create a Baseline of Community Feedback against which the future progress can be compared.

Village Health Sanitation and Nutrition Committees (VHSNCs) have been the main community institution promoted under NRHM. VHSNCs have representation of key community institutions like PRIs and SHGs. Monitoring health services is one of the key activities VHSNCs are expected to perform. The current exercise therefore was carried out with active involvement of VHSNCs.

### **Objectives of the exercise:**

This participatory exercise and study was conducted with the objective of (1) to facilitate VHSNCs to assess the quality and availability of essential public healthcare services for rural communities through a structured participatory exercise (2) to document the perceptions of the rural communities represented through VHSNCs on the public healthcare services (3) To create a baseline for annual comparisons on progress achieved in improving health services

The structured exercise included community assessment of a) availability of services b) quality of services c) cost aspect of accessing services d) satisfaction level with respect to services at different levels i.e. village/sub-centre level, PHC level and CHC level.

### **Methods:**

The present study is a part of "Community Based Monitoring," under which, the data has been collected through Group Interviews during the VHSNC (village health sanitation and nutrition committee) meeting. To collect the data, a structured questionnaire was used. The group interview was facilitated by Swasth Panchayat Coordinators of the respective blocks.

**Sampling:** The exercise was conducted in 6 sample districts. The focus was on districts with large proportion of vulnerable groups like SC and ST in their population. Three (3) districts were taken from Bastar division, two (2) from Sarguja division and one (1) district Janjgir Champa was selected due to high SC proportion in population. In each district, sample blocks were selected based upon availability of Swasth Panchayat Coordinators who were to facilitate the entire exercise at VHSNC level. Larger districts like Sarguja and Bastar had higher number of sample blocks.

The sampling plan involved selection of 20 villages per block. For each of the 20 Mitanin clusters (of approximately 20 Mitanins each looked after by one Mitanin trainer) in a block, one village was selected in order to ensure even geographical spread of the sample villages across the block.

The study could be conducted in 407 villages across 22 Blocks in 6 Districts as per following details:

<b>District</b>	<b>Blocks</b>	<b>No. of Village</b>
Dantewada	Sukma	18
Bastar	Darbha	17
	Lohandiguda	11
	Keskal	21
	Farasgaon	15
	Vishrampuri	20
	Bastanar	12
	Makdi	21
Kanker	Kanker	20
	Antagarh	14
Janjgir champa	Dabhra	18
	Malkharoda	20
Jashpur	Kansabel	20
	Duldula	20
	Lodam	20
Sarguja	Rajpur	20
	Pratappur	20
	Sankargarh	20
	Bhaiyathan	20
	Balrampur	20
	Kusmi	20
	Ramachandrapur	20
<b>Total</b>		<b>407</b>

## Detailed findings:

### 1. Feedback on Services delivered by Sub Health Centre

#### a. Distance of sub-centre

Out of total 407 sample villages, 36% villages have a sub health centre in the village itself (table 1)

**Table 1**

Proportion of villages having Sub Health Centre (n= 407)

Yes	36%
No	62%
No Response/not sure	2%

Out of those villages which do not have SHC in the own village, 26% villages have SHCs within a distance of 2 kms and 32% within 3-4 kms where as 31% at distance of 5 kms or above (table 2).

**Table 2**

Distance of SHC from the village where there is no SHC (n =253)

1-2 kms	26%
3-4 kms	32%
5 kms or above	31%
No Response/Not sure	11%

#### b. Availability of ANM and MPW at sub-centre

Only 73% of villages reported that they were certain that their SHC has any ANM and 56% reported having an MPW (table 3).

**Table 3**

Staff in the SHC (n= 407)

	ANM	MPW
Yes	73%	56%
No	15%	23%
No Response/not sure	12%	21%

47% of villages have reported that their ANM stays at the SHC HQ for most of the days (table 4).

**Table 4**

ANM's stay in the centre/SHC's village (n= 407)

Stay for most days	47%
Stay for few days	13%
Never stay	33%
No Response/not sure	7%

86% of villages reported that they were certain that their ANM/MPW had visited their village in the last one month. 68% villages reported that more than one visit had taken place (table 5).

**Table 5**

Visit of ANM/MPW to the village (n= 407)

	Previous month
1 day only	18%
More than 1 day	68%
No Response/not sure	15%

**c. Immunisation sessions/VHNDs**

89% of villages reported that immunization session was held in their villages in the previous month (table 6)

**Table 6**

Immunization session held in the month (n= 407)

	Previous month
Yes	89%
No	6%
No Response/not sure	5%

70% villages reported that immunization day is fixed and held on that day (table 7)

**Table 7**

Information on the immunization session (n= 407)

Immunization day is fixed and held in that day	70%
There is no fixed day but ANM inform before she comes	19%
Immunization does not held in fixed day and no earlier information of ANM's visit	8%
No Response/not sure	4%

**d. ANC services & delivery**

54% of villages reported that Abdomen test is done in their SHC, similarly 46% and 32% reported about BP test and blood test done in the SHCs. Services like TT injection and IFA tablets are reaching a much higher proportion of villages (around 95%) (table 8).

**Table 8**

ANC services provided in the SHC (n= 407)

	Abdomen test	BP test	TT injection	IFA tablets	Weight measurement	Blood test
Yes	54%	46%	94%	95%	84%	32%
No	35%	41%	2%	2%	11%	52%
No Response/ not sure	11%	13%	3%	3%	4%	16%

33% of villages have reported that home deliveries are conducted by ANM but 41% out of them said that ANM charges for it. Similarly, 27% villages reported that deliveries get conducted in their SHC but in 29% of these centres, ANM takes charges for conducting delivery (table 9).

**Table 9**

Delivery conducted by ANM (n= 407)

	Home		SHC	
	At home	Money taken	At SHC	Money taken
Yes	33%	41%	27%	29%
No	34%	24%	30%	19%
No Response/not sure	33%	35%	43%	52%

**e. Provisions of medicines**

85% of villages reported that medicines are provided by their SHC and 45% out of them said that SHC takes charges for the medicines (table 10).

**Table 10**

Provision of medicines and injection in the SHC

	Medicines provided by ANM/MPW	Money is charged for medicines / injection (n=345)
Yes	85%	45%
No	8%	55%
No Response/ not sure	7%	0%



**f. Satisfaction level on the services (sub-centre)**

28% of the villages expressed high level of satisfaction on the services of the sub health centre. (table 11).

**Table 11**

Satisfaction level on the services received from the SHC/ANM/MPW (n= 407)

Highly satisfied	28%
Partially satisfied	49%
Not satisfied	17%
No Response/not sure	6%

## 2. Feedback on Services delivered by Primary Health Centres

### a. Distance of PHC

45% villages have their PHC within 10 kms whereas at least 27% villages have their PHC farther than 10kms (table 12).

**Table 12**

Distance of nearest PHC (n= 407)

Less than 5 kms	24%
5-10 kms	21%
10-20 kms	19%
Above 20 kms	8%
No Response/not sure	28%

### b. Appointment and availability of Doctor

65% of villages are aware about a doctor being available in their PHC. 29% of villages reported that female doctors are based in their PHC (table 13).

**Table 13**

Appointment of Doctor in the PHC

	Appointment of Doctor (n= 407)	Appointment of female doctor (n=256)
Yes	65%	29%
No	5%	71%
No Responses/not sure	30%	00%

58% of villages reported that doctor comes regularly to their PHC. 47% reported that doctors stay for whole day in the PHC (table 14).

**Table 14**

Availability of Doctor in the PHC (n= 407)

Comes regularly and stay for whole day	47%
Comes regularly but stay for few hours	11%
Comes for few days but stay whole day	4%
Comes for few days but stay for few hours only	6%
Never comes/very less	0%
No Response/not sure	32%

As per 28% of villages, doctors stay in the head quarter location. 25% of villages reported that doctors come from a different place to their PHCs (table 15).

**Table 15**

Doctor's stay in the head quarter (n= 407)

Stay in head quarter	28%
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Comes from a different place	25%
No Response/not sure	46%

Out of those villages who reported that their doctor comes from a different place, 50% of villages reported that doctor stays at a distance of more than 5 km away (table 16).

**Table 16**

Distance from the PHC (if comes from different place – n= 103)

Less than 5 kms	21%
5 kms or above	50%
No Response/not sure	28%

**c. Facilities in the PHC**

45% of villages reported that money is being charged for OPD card in their PHC. Out of these villages, 71% reported that even the BPL patients have to pay for OPD card (table 17).

**Table 17**

Amount charged for OPD card

	Money is charged for OPD card(n= 407)	Money is charged for OPD card from BPL family (n=155)
Yes	45%	71%
No	17%	29%
No Response/ not sure	38%	

42% of villages reported that there is facility for admission of patients in their PHC (table 18)

**Table 18**

Facility for admission of patients in the PHC (n= 407)

Yes	42%
No	20%
No Response/ not sure	38%

52% of villages reported that medicines are given free of cost (table 19).

**Table 19**

Availability of drug in the PHC (n= 407)

Most of the medicines given free of cost from PHC	52%
Medicines given from PHC but amount is taken	3%
Purchase from out side	13%
No Response/ not sure	32%

59% of villages reported that delivery facility is available in their PHC. However, only 35% of villages reported of having day and night delivery facility in their PHC (table 20)

**Table 20**

Delivery facility in the PHC (n= 407)

No Facility available	9%
Facility available for day time only	24%

Facility available for day and night	35%
No Response/not sure	32%

35% of villages reported that delivery is conducted by ANM/Nurse in their PHC and 12% of villages reported about doctors conducting delivery (table 21).

**Table 21**

Person who conduct the delivery (n= 407)

Doctor	12%
ANM/Nurse	35%
Dai	1%
Doctor/Nurse	0.5%
LHV	0.5%
No Response/not sure	50%

66% of villages reported that their PHC makes referral cases to the Government facilities (table 22).

**Table 22**

Places where referral cases made by the PHC (n= 407)

Govt facilities	66%
Private facilities	1%
No Response/not sure	33%

52% of villages reported that malaria test is done in their PHC and as per 29% of villages money is charged from non BPL and as per 12% money is charged from BPL also. 37% of villages reported that anemia test is done in their PHC and as per 7% of villages, money is charged from non BPL and as per 6% money is charged from BPL also. 26% of villages reported that sputum test is done in their PHC and no charge is taken from either (table 23).

**Table 23**

Various test conducted in the PHC

	Malaria			Anemia			TB		
	Blood test(n=406)	Money taken from BPL(n=210)	Money taken from non BPL(n=210)	Blood test(n=406)	Money taken from BPL(n=150)	Money taken from non BPL(n=150)	Sputum test(n=406)	Money taken from BPL(n=104)	Money taken from non BPL(n=104)
Yes	52%	12%	29%	37%	6%	7%	26%	0%	0%
No	13%	41%	37%	21%	41%	35%	31%	48%	41%
No Response /not sure	35%	47%	34%	42%	53%	57%	43%	52%	59%

Under ANC services provided by the PHC, 60% of villages reported about Abdomen test and BP test, 67% of villages reported about TT injection, IFA tablets and weight measurement and 48% of villages reported about blood test done in the PHC (table 24).

**Table 24**

ANC services provided by the PHC (n= 407)

	Abdomen test	BP test	TT injection	IFA tablets	Weight measurement	Blood test
Yes	60%	60%	67%	67%	67%	48%
No	3%	3%	0%	0%	1%	13%
No Response/not sure	36%	37%	32%	32%	33%	39%

**d. Emergency services**

18% of villages reported that their PHC have injection (anti venom) for snake bite and as per 31% of those villages money is charged from the victims irrespective of BPL family or non BPL for the service. Similarly, 17% of villages reported that their PHC have injection for dog bite and as per about 45% of those villages money is charged for the service (table 25).

**Table 25**

Emergency services in the PHC

	Snake bite			Dog bite		
	Injection available (n=406)	Money taken from BPL (n=72)	Money taken from non BPL (n=72)	Injection available (n=406)	Money taken from BPL (n=71)	Money taken from non BPL (n=71)
Yes	18%	31%	31%	17%	45%	46%
No	32%	6%	3%	32%	7%	6%
No Response /not sure	50%	64%	67%	51%	48%	48%

**e. Satisfaction level on the services**

12% of villagers are highly satisfied with the services provided by their PHC (table 26).

**Table 26**

Satisfaction on the services received from the PHC (n= 407)

Highly satisfied	12%
Partially satisfied	45%
Not satisfied	12%
No Response/ not sure	32%

### 3. Feedback on Services Delivered by Community Health Centres

#### a. Distance of CHC

34% of sample villages have CHC at more than 20km of distance (table 27).

**Table 27**

Distance of CHC from the Village (n= 407)

Less than 5 kms	9%
5-10 kms	18%
10-20 kms	34%
More than 20 kms	34%
No Response/not sure	5%

#### b. Availability of Doctors

About 65% of villages reported of having 3 or more doctor in their CHC (table 28).

**Table 28**

Proportion of Doctors in the CHC (n= 407)

1 Doctor	7%
2 Doctors	17%
3 Doctors	28%
4 Doctors	23%
More than 4 Doctors	14%
No Response/ not sure	12%

74% of villages have reported availability of female doctor/s in their CHC (table 29).

**Table 29**

Availability of female Doctors in the CHC (n=360)

Yes	74%
No	26%

#### c. Registration Fee

88% of villages reported about amount being charged for OPD card in their CHC. As per 72% of villages, amount is charged from BPL family also (table 30).

**Table 30**

Amount charges for OPD card

	Amount is charged for OPD card(n= 407)	Amount is charged for OPD card from BPL family (n=360)
Yes	88%	72%
No	0%	28%
No Response/ not sure	12%	00%

#### d. Availability of services

**Delivery:** 90% of villages reported about normal delivery being conducted in their CHC and as per 87% villages' facility at night is also available. In regard to C-section facility, only 6% of villages have reported of having such facility in their CHC (table 31).

**Table 31**

Delivery facility in the CHC (n= 407)

	Normal		c-section	
	Delivery conducted	Facility at night	Delivery conducted	Facility at night
Yes	90%	87%	6%	3%
No	0%	1%	62%	59%
No Response/ not sure	10%	12%	32%	38%

**ANC:** 89% of villages reported about abdomen test, BP test and weight measurement done in their CHC, whereas 88% reported about IFA tablets and 87% reported about TT injection and blood test done in their CHC (table 32)

**Table 32**

ANC services provided by the CHC (n=407)

	Abdomen test	BP test	TT injection	IFA tablets	Weight measurement	Blood test
Yes	89%	89%	87%	88%	89%	87%
No	0%	0%	2%	1%	0%	1%
No Response/not sure	11%	11%	11%	11%	11%	12%

**Laboratory Facilities:** More than 80% of villages reported that tests for malaria, TB and HB are conducted in their CHC. X-ray facility is available in 60% places. (Table 33)

**Table 33**

Various test conducted in the CHC

	Malaria			Anaemia			TB			x-ray		
	Blood test (n=407)	Money taken from BPL (n=339)	Money taken from non BPL (n=339)	Blood test (n=407)	Money taken from BPL (n=332)	Money taken from non BPL (n=332)	Sputum test (n=407)	Money taken from BPL (n=333)	Money taken from non BPL (n=333)	X-ray (n=407)	Money taken from BPL (n=244)	Money taken from non BPL (n=244)
Yes	83%	27%	32%	82%	19%	24%	82%	8%	9%	60%	63%	64%
No	2%	30%	28%	2%	27%	23%	2%	33%	32%	19%	14%	6%
No Response /not sure	15%	42%	39%	16%	54%	53%	16%	58%	59%	21%	23%	30%

**Emergency Services:** In regard to emergency services in the CHC, 57% villages reported about availability of injection (anti venom) for snake bite in their CHC and as per 11% amount is charges both from BPL and non BPL family for the same. Injection for dog bite, 61% reported about availability injection and as per about 36% of villages amount is charges for the same from their CHC (table 34).

**Table 34**  
Emergency services in the CHC

	Snake bite			Dog bite		
	Injection available (n=406)	Money taken from BPL(n=233)	Money taken from non BPL (233)	Injection available (n=406)	Money taken from BPL(n=246)	Money taken from non BPL (n=246)
Yes	57%	11%	11%	61%	36%	37%
No	7%	15%	11%	7%	9%	7%
No Response /not sure	35%	74%	78%	33%	55%	55%

**e. Satisfaction level on the services**

About 26% of villages are fully satisfied with the quality of services received from their CHC (table 35)

**Table 35**  
Satisfaction level on the quality of services received from the CHC (n=407)

Highly satisfied	26%
Partially satisfied	61%
Not satisfied	1%
No Response/not sure	12%



#### 4. Feedback on Effectiveness of Mitanin

About 95% of villages reported that their Mitanin provide counseling on delivery, counseling on management of diarrhea, counseling on fever and attend VHND, whereas 85% reported about counseling on nutrition and 54% about hamlet level meeting conducted by their Mitanins (table 36).

**Table 36**  
Counseling provided and hamlet meeting conducted by Mitanin (n=407)

	Counseling on Delivery	Counseling on Diarrhea management	Counseling on Fever	Counseling on Nutrition	VHND Attend by Mitanin	Hamlet meeting conducted
Yes	95%	94%	94%	85%	96%	54%
No	5%	6%	6%	15%	4%	46%

At the time of the survey, 59% of villages reported that cotrimoxazole/metronidazole tablets were available with Mitanins. 48% reported Chloroquine tablets being available with their Mitanins. 97% reported that Mitanins provide the drug when there is stock available with her (table 37).

**Table 37**  
Drug availability with Mitanin and its utilization (n=407)

	Availability of Cotrim / metro tablets	Availability of Chloroquine tablets	Drug provided by Mitanin to beneficiary
Yes	59%	48%	97%
No	41%	52%	3%

**Conclusions:** Village communities as represented by VHSNCs have expressed stronger level of satisfaction with sub-centres and CHCs as compared to PHCs. The exercise has created a baseline against which future improvements can be assessed. It was also useful in identifying a number of areas for improvement in services at different levels.

VHSNCs can be a suitable forum for gathering community feedback on healthcare services. The independence of the facilitator (Swasth Panchayat Coordinators in this case) is important in getting genuine feedback. Such feedback collection can become a regular feature in blocks where this condition can be fulfilled. Greater regularity of such exercises would also help in improving participation levels of local communities in monitoring. Forums need to be created/activated for further dialogue between village communities and the healthcare provision system.

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