

Community based Tracking and Monitoring of Health Outcomes in Agra

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Outline of the Presentation

- ❑ Overview of the Agra Urban Health Program
- ❑ How is slum level monitoring and tracking carried out ?
- ❑ Outcomes and Learnings

Agra City - Background Characteristics

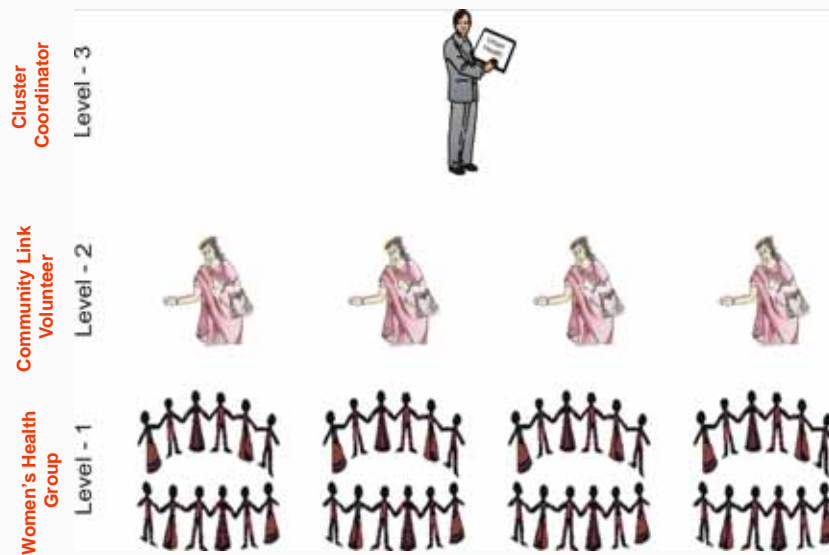
- ❑ Total Population (Census, 2001) - 1.33 million
- ❑ Decadal growth rate (1991-2001) - 42 %
- ❑ Estimated slum population: 0.8 million (about half of the city's population)
- ❑ Total number of slums- 393; Officially Listed 212 (population 0.53 million), Unlisted 181 (population 0.3 million)
- ❑ Poor access to health care, sub-optimal health behaviours and poor demand and utilization of services among slum families

Objectives of the Agra Urban Health Program

The objective of the Agra Urban Health program is to promote and build the capacities of slum based institutions to :

- ❑ Increase the demand for health services and promote adoption of key health behaviors in slum communities.
- ❑ To increase coverage of health services and linkage of slum communities with service providers in the private and public sectors.

Structure of the Urban Health Program, Agra



Community based tracking and monitoring

Why Tracking & Monitoring

- ❑ Keep team focussed towards objectives.
- ❑ Revisiting monitoring data provides time for strengthening programme activities
- ❑ Community based tracking successfully link people to services
- ❑ Empowers the grass root volunteers to herself identify gaps and take corrective measures

Community based Tracking-1

First level of tracking: At Slum based Women's Health Group Level

Tools used- Social Maps

Mechanism: Lanes are distributed among Health Group members.

"Bindis" (colored/different Sized Stickers) are used.

Marking beneficiaries on the entrance of the house.

Women's Health Group, Agra



Role of women's health groups

MAS facilitate utilization of health services and healthy behaviour promotion

- Support Link Volunteer in tracking and monitoring of key interventions
- Motivate target women for attending group counseling sessions
- Support outreach camps by ensuring presence of target groups



Women's Health Groups using maps to track health coverage



Bindi Map : Children and Mothers Tracking Tool



Community based Tracking-2

Second level of Tracking: At Community Link Volunteer level

Tools used- Standardized register using life cycle approach for recording services utilization

Mechanism: Through surveys and home visits pregnancies are registered and services provided to them and recorded.

Left outs and drop outs from health service coverage are tracked and compliance ensured using colored/different Sized Stickers.

Community Link Volunteer

1. Link Volunteers work towards promoting health
2. Track beneficiaries and monitor coverage, support in organizing outreach camps
3. Conduct IEC/BCC activities which include group counseling for mothers on different health topics, identify special attention households for individual and family based counseling sessions to provide confidence and support to women and families motivated for behavior change and availing health services.
4. Provide supportive supervision to Mahila Aarogya Samities (Women's Health Groups) in tracking service utilization in slums
5. Identify and refer cases requiring medical attention to UHC

Link Volunteer



Community Link Volunteer Register

Name of Slum: _____ Name of CLV _____

Sl. No.	Name of Pregnant woman, Mother and Husband's name	Age of the Pregnant woman, Mother	Date of Registration of Pregnancy	Weeks of Gestation During Registration	First antenatal checkup (Date)	Second antenatal checkup (Date)	Third antenatal checkup (Date)	TT 1 (Date/Month)	TT 2/Booster (Date/Month)	Received First 30 IFA (Date)	Received Second 30 IFA (Date)	Received Third 30 IFA (Date)	IFA Consumption: <30/ 30-60/ 60-90/ 90-100	Place of Delivery: (H/ I/RT/ (M/NT)	Cleans Observed 1, Clean Bleeds 2, Clean Place 3, Clean Hand 4, Clean Cord 5, New Thread	Name of child	Date of Birth	Weight of New Child	Length of New Child	Temperature of New Child	Time of Birth	Time of Birth	
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Tool for Random Household Checking for Coverage

Annex F: Mother - Community Register Cross Check Name of CO: _____ Month: _____ Year: _____
 Name of slum: _____ Name of CLV: _____ Score: _____

Household	1	2	3	4	5	6	7	8	9	10	Total Score
Date of visit to household	Mother CLV	Program CLV	Program CLV	Program CLV	Program CLV	Program CLV	Program CLV	Program CLV	Program CLV	Program CLV	Program CLV
1. Sex (M)											
2. Name											
3. Age											
4. Birth											
5. Date of birth											
6. Birth order											
7. Birth date											
8. Birth place											
9. Birth registration											
10. Birth certificate											
11. Birth certificate (copy)											
12. Birth certificate (photo)											
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Community based Monitoring

First level of Monitoring : *At Community Organizers level*

Tools used- Electronic formats to compile cluster level data.

Mechanism: Compiling CLV level data.

Spreadsheet based MIS format

URBAN HEALTH RESOURCE CENTER - AGRA URBAN HEALTH PROGRAMME

Name of NGO : **NIRPHAD** Name of Project Coordinator : **Surfana**

Period : **II** Name of Community Organizers (CO) : 1 **Rajesh**

Quarter : **II** 2 **Gunjan**

Reporting Month : **March** 3 **Mishlesh**

Year : **2008** 4

SLUM GRADING

5

Select Urban Slum to enter monthly information

Enter PC Level Information for the month

REPORT GENERATION

NGO Compiled Report Phase wise Monthly Report Approach wise Monthly Report CO wise Monthly Report EXPORT CO Monthly Data EXPORT PC Level Monthly Data

Slum level Information

URBAN HEALTH RESOURCE CENTER - AGRA URBAN HEALTH PROGRAMME

NGO: **NIRPHAD** CO: **No. 1** Name: **Rajesh** Slum: **Aranpada** Approach: **1**

Period: **I** Quarter: **II** Month: **March** Year: **2008** Photo: **Original**

Basic Information:

Total Number of Household	2000	Total Population	18,000	Number of CLV	8	Number of MAS	3
Total Number of Pregnant Women	80	Total Number of Infants (<1 year)	200	Number of Eligible Couples			3000

Maternal and Child Health:

Gestational Age wise break up of pregnancies:		Age wise break up of Infants:		Number of:	
a. < 3 months	12	a. < 28 days	30	a. Special Attention Households	100
b. 3-6 months	50	b. 1-12 months	130	b. Identified High Risk Pregnancies	20
c. 6-9 months	18				

Vital Events:

Total Number of Live Births	20	Age group wise break up of child deaths -		Period wise break up of Maternal deaths:	
Total Number of Still Births	0	i. From birth to 2 days	0	i. During Pregnancy	0
Total Number of Child Deaths	2	ii. Between 3 to 7 days	0	ii. During Delivery	0
Total Number of Maternal Deaths	1	iii. Between 8 days to 1 month	0	iii. After Delivery	0
		iv. Between 1 month to 1 year	0	<i>(As between the 1/2/3 months)</i>	
		v. Between 1 year to 5 years	0		

Behaviour Promotion:

Pregnant Women in 4th Gestational Month	19	%	95%	New born babies weighed after birth	8	%	40%
i. Who have initiated consuming IFA tablets	4	%	21%	Low Birth Weight newborns	1	%	5%
Pregnant Women in 9th Gestational Month	19	%	95%	New borns provided with warmth	8	%	40%
i. Who have received 90-100 IFA tablets	4	%	21%	New borns breast fed within half to one hour after delivery	11	%	58%
ii. Who have consumed 90-100 IFA tablets	4	%	21%	Infants who completed 6 months of age	20	%	100%
Total Number of Deliveries:	20			Infants (>6 months), exclusively breast fed	8	%	40%
i. Hospital Deliveries	10	%	50%	Infants (>6 months) who have initiated complementary feeding	20	%	100%
ii. Home Deliveries	10	%	50%				
iii. Home deliveries conducted by TBA	8	%	40%				
iv. Home deliv. with at least 3 clean followers	8	%	40%				
Households visited within 1 day of delivery	4	%	20%	Households visited within 3 days of delivery	8	%	40%

Mahila Arogya Samiti (MAS) Performance:

MAS / CBOs' having following capacities (as per Monitoring Matrix) -		%	
i. Institutional Capacity	1	%	5%
ii. Program Capacity	1	%	5%
iii. Financial Capacity	0	%	0%
iv. Linkage / Coordination Capacity	0	%	0%
Total number of MAS CBO meetings planned	10		
Total number of MAS CBO meetings held	8	%	80%

Cluster level Information

URBAN HEALTH RESOURCE CENTRE - FORA URBAN HEALTH PROGRAMME									
COMMUNITY ORGANIZER WISE MONTHLY COMPILED REPORT									
NGO :		Period :		Quarter :				Month :	
NDRPHAD		II		II				March	
		February		February		March		March	
		No.	%	No.	%	No.	%	No.	%
Total Number of:									
1	Slums	1	0%	1	0%	1	0%	1	0%
2	Households	1000	100%	1000	100%	1000	100%	1000	100%
3	Population	4000	100%	4000	100%	4000	100%	4000	100%
4	CLV's	4	100%	4	100%	4	100%	4	100%
5	MAD	2	50%	2	50%	2	50%	2	50%
Program Visits:									
A	1-3 months	98	24.5%	98	24.5%	98	24.5%	98	24.5%
B	3-6 months	22	5.5%	22	5.5%	22	5.5%	22	5.5%
C	6-9 months	25	6.2%	25	6.2%	25	6.2%	25	6.2%
D	10-12 months	55	13.7%	55	13.7%	55	13.7%	55	13.7%
E	Who have completed 12 months of gestation	0	0%	0	0%	0	0%	0	0%
F	Who completed 9 months of gestation	55	13.7%	55	13.7%	55	13.7%	55	13.7%
G	Planning to 9th month of gestation	55	13.7%	55	13.7%	55	13.7%	55	13.7%
Infants (1 year)									
A	1-3 days	98	24.5%	98	24.5%	98	24.5%	98	24.5%
B	1-10 months	22	5.5%	22	5.5%	22	5.5%	22	5.5%
C	Who are 2 months old	22	5.5%	22	5.5%	22	5.5%	22	5.5%
D	Who are 3 months old	22	5.5%	22	5.5%	22	5.5%	22	5.5%
E	Who are 4 months old	22	5.5%	22	5.5%	22	5.5%	22	5.5%
F	Who completed 6 months of age	22	5.5%	22	5.5%	22	5.5%	22	5.5%
G	Who are 9 months old	22	5.5%	22	5.5%	22	5.5%	22	5.5%
H	Who are 12 months old	22	5.5%	22	5.5%	22	5.5%	22	5.5%
Eligible Countries									
Special Attention Households									
Identified High-Risk Pregnancies									
Total number of visits to these slums (By CO's)									
Total Number of:									
1	Live Births	25	6.2%	25	6.2%	25	6.2%	25	6.2%
2	Still Births	0	0%	0	0%	0	0%	0	0%
3	ChoriDrophia	1	2.5%	1	2.5%	1	2.5%	1	2.5%
From birth to 2 days									
A	Between 3-7 days	0	0%	0	0%	0	0%	0	0%
B	Between 8 days to 1 month	1	2.5%	1	2.5%	1	2.5%	1	2.5%
C	Between 1 month to 1 year	0	0%	0	0%	0	0%	0	0%
D	Between 1 year to 5 years	0	0%	0	0%	0	0%	0	0%

Outcomes

Technical Outcomes:

- Increase in Service Coverage
- Time lag between the recommended time and monitoring time can be utilized for covering left outs. (for Exp. TT by 6 months)

Qualitative Outcomes:

- Monitoring data helps in identifying weak slums/ Weak CLVs/weak cluster and subsequent efforts to strengthening those

Learnings

- ❑ The capacity of semi-literate slum women can be built to monitor and track health coverage using simple tools.
- ❑ Use of monitoring data by trained slum volunteers as an intervention strategy can identify gaps in access at the slum level and facilitate corrective action.
- ❑ *Though tracking timely coverage of health service (such as antenatal care and immunization) seems a stringent measure, it improves overall coverage of services by providing time for covering the gaps.*
- ❑ *At the cluster level, the program team is able to identify which slums need greater focus.*

Learnings

- ❑ Regular monitoring and tracking of coverage helps :
 - Identifying specific beneficiaries who did not receive services
 - Facilitating the reach of services to those who did not receive the services.

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