Chapter 10 Monitoring

10.1 Health Monitoring and Planning Committees

NRHM envisages an intensive accountability framework through a process of community based monitoring, external surveys and stringent internal monitoring. Despite having a clear reporting structure, the activities of the Mission were not reviewed/reported at various levels in a systematic manner. As mentioned in Chapter 4, community based monitoring committees were to have been constituted at village, block, district and State level. These committees were, however, not constituted during the first three years of implementation of the programme. It was only in April 2008 that the State Health Mission constituted district and block monitoring teams for monitoring the Mission activities and reporting on a monthly basis. Routine immunization and institutional delivery components of the programme were, however, monitored at regular intervals and evaluated by the Regional Resource Centre.

10.2 Management Information System

NRHM envisaged the development of a computer based Management Information System (MIS) at the DHS level, to report the monthly progress on the implementation of the programme to the SHS. The SHS in turn is to consolidate the information and report to the MoHFW. This involved provision of network facilities upto the block level through the Integrated Disease Surveillance Project (IDSP).

Scrutiny revealed that all the districts and blocks had been computerized as of March 2008. However, only the districts were connected to the MIS network. Although routine immunization data was captured at the district level, it was not being analyzed at regular intervals due to the lack of expertise and training at the operational level.

Recommendation

Monitoring needs to be strengthened at all levels - village, block, district and State – with the involvement of the community, so that the objectives of the programme are achieved as per the prescribed timelines and appropriate corrective action is taken on a timely basis.

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