

COMMUNITY MONITORING IN REPRODUCTIVE HEALTH PROJECTS: CASE STUDY OF A HEALTH SECTOR NGO IN PAKISTAN

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ABSTRACT. *Objectives:* a) To examine how the community monitoring system works in a NGO. b) To examine how community responds to the mechanism of community system in reproductive health projects. *Study Design:* Mixed-methods (quantitative and qualitative) study. *Place and Duration of Study:* HANDS, a non-governmental organization (NGO) in Pakistan is using such method to make communities an integral part of its projects. Reproductive health projects of HANDS were selected for the study. This study was conducted from 1st November to 31st December, 2013 in District Malir, Karachi, Sindh, Pakistan where the NGO is running its projects. *Methodology:* Data was collected from 300 (n=300) out of 500 participants. The list of beneficiaries was given by HANDS. Selection of 300 participants was made through simple random sampling. In this way 60% of the population was covered in the study. Data was collected by using a survey questionnaire. In-depth interviews (IDIs) were also conducted. SPSS software was used for tabulation, graphical presentation and multi-linear regression. *Results:* The evidence is found that community monitoring is an effective approach that increases citizens' participation. NGO is making efforts for the purpose but still there is need to enhance the role of community in conducting the monitoring activities. Community capacity building need was strongly felt. *Conclusion:* The research study adds value for extending clarity on the subject to adapt community monitoring as an effective way to involve community in NGOs' projects.

Keywords: Community Monitoring, NGO, HANDS, Reproductive health and Pakistan.

1. Introduction. Classical sociologists mention community as 'people who live together geographically (i.e. city, village or town), who are interconnected, interdependent and follow the same values and traditions' (Roni, 2009). NGOs are playing a vital role to build self-reliant communities through capacity building and human development initiatives. NGOs have emerged as a third sector after the public and corporate sectors addressing the community development needs (Ruhul, 2009). NGOs are known as the key players of social change or community development (Candland, 2000). The notion of community participation is gaining considerable attention as an operative approach in community development which boosts community involvement (Craig & Mayo, 2004). Atkinson and Willis (2005) state community involvement as "combined influence of a community's commitment, resources and skills that can be deployed to build community

strengths and address community problems and potential opportunities”. It is essential to understand the appropriate concept of community participation and empowerment in NGOs sector to comprehend the idea of pursuing the process of their involvement (Vercseg, 2010).

Community monitoring is one of the components of community participation process by which community members supervise and monitor project activities in their areas on their own and make effective decisions for better project implementation (Barreto et al., 2006). Although it is quite difficult task to involve community members in the monitoring process as it is a kind of technical job but NGOs use this way of working for the sake of empowering communities (Dave, 2010).

This paper discusses the role of community in the monitoring process of reproductive health projects of an NGO i.e. the entire process of community monitoring, community’s part in monitoring, NGOs’ role to involve community members in its monitoring procedures and the effects of this monitoring process. In this research study community is considered as key respondents.

Enlightenment of term Community In literature the definition of community is not limited to people living together in the same place (Claire et al., 2008; Paul & Ilona, 2010). ‘The concept of community concerns a particularly constituted set of social relationships based on some attributes which the participants have in common’ (Marshall, 2009). The term of community became identified with that smaller, more intimate locality and the types of relationships among people (Exmoron, 2006; Flo & Anne, 1999; Lee, 2007).

Notion of Community Monitoring The community monitoring is considered as an emerging and an effective approach in development projects to involve communities and delegate responsibilities in project activities (Craig & Mayo, 2004). The concept of community monitoring sufficiently fulfils the need for required information that is comprehensive and authentic in nature (Burger, 2012). Nour (2011), says that community monitoring reduces cost and mobilizes resources with better target achievement and identifies communities’ needs through the involvement of communities. Community involvement is not only important in service delivery projects but has also a significant role in the environment and health related projects (Dafna & Richard, 2009). In fact the community monitoring approach compliments the community empowerment process.

Concept of Reproductive Health Reproductive health rights are defined as the right to legal birth control, safe abortion and access to quality reproductive health care including right to education in order to make informed and free reproductive choices (WHO, 2007). Reproductive health gives emphasis on maternal and child health issues, hence reproductive health rights are now taken as basic human rights (WHO, 2007).

State of Reproductive health in Pakistan Pakistan is located in south Asia and falls in the category of developing countries and has a population of more than 180 million (Pakistan, 2012). Pakistan is currently undergoing demographic dividend with over 64% of its population consisting of young people (WFP, 2013). The present health services denies the young people from acquiring practical knowledge and skills they need to protect themselves and their partners from STIs, pregnancy, unsafe abortion or child birth, or sexual abuse or violence (WFP, 2013). Some 29 out of 1000 Pakistani women of reproductive age seek to terminate their pregnancies and that an estimated 890,000 abortions were occurring in Pakistan annually (Population Council, 2004).

Role of NGOs in Pakistan Role of NGOs in Pakistan remained positive in raising awareness about the human and legal right, women empowerment, provision of services; health, education, poverty alleviation, emergency, rehabilitation and human development role (Salim, Sadruddin, & Zakus, 2011). NGOs have edge and ability to implement successful projects in most rural areas where the government has difficulties but these organizations are working there (ADB, 1999).

Brief Introduction of HANDS Health And Nutrition Development Society (HANDS) is a registered, tax exempted, PCP¹ Certified and European Union accredited Not-for-Profit registered organization working since

¹ PCP, (Pakistan Center for Philanthropy) was established by government of Pakistan to certify and monitor the civil society

1979 with key programs in human and institutional development², health, education, poverty alleviation, water supply, sanitation, sexual and reproductive health and infrastructure development (Ahmed T., 2012). HANDS is working all over the county through its development project interventions (Ahmed S. T., 2013). HANDS is one of the largest NGOs of Pakistan working to improve sexual and reproductive health in the country. Mother and child health is the core program of the organization.

2. METHODOLOGY

Objectives of the study

Following were the objectives of the study:

- To examine how the community monitoring system works in NGO.
- To examine how community responds to the mechanism of community system in reproductive health projects.

Methods HANDS is implementing several projects in different sectors i.e. reproductive health, education, poverty alleviation and community capacity building. However the reproductive health projects were selected for the purpose of this study. HANDS is running four projects on reproductive health. Data was collected from 300 ($n=300$) out of 500 participants. The list of beneficiaries was provided by HANDS. Selection of 300 participants was made through simple random sampling. In this way 60% of the population was covered in the study. Majority of the respondents were adults (ages 20 – 55). In-depth interviews (IDIs) were conducted to obtain the qualitative data. A survey questionnaire was used. This study was conducted in District Malir Karachi where the NGO is running its projects. The questionnaire had four components: 1) Personal information of the respondents, 2) Role of NGO to involve community for project monitoring, 3) Role of Community Monitoring Committee (CMC) and, 4) Impact of Community Monitoring System. The total number of questions was 39.

3.RESULTS Table. 1 below shows the gender analysis, 132 (44%) females and 168 (56%) males participated in this study.

Table 1. Genders Analysis of community members/ respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	132	44.0	44.0	44.0
	Male	168	56.0	56.0	100.0
	Total	300	100.0	100.0	

Age Distribution of participants

Table 2 below demonstrates the age brackets and the percentage of respondents in those age groups. It shows that the highest number (29%) of respondents fall in age bracket of 26-30 years.

Table 2. Age distribution of respondents

Age	Frequency	Percentage
20 – 25	49	16%
26 – 30	87	29%

organizations in the country.

² Human and Institutional development is a training and development department of HANDS. Institute of Community Development is one of the projects of HID (Profile 2012).

31 – 35	63	21%
36 – 40	56	19%
41 – 45	41	14%
46 – above	04	01%
Total	300	100%

Role of NGO to involve community for project monitoring

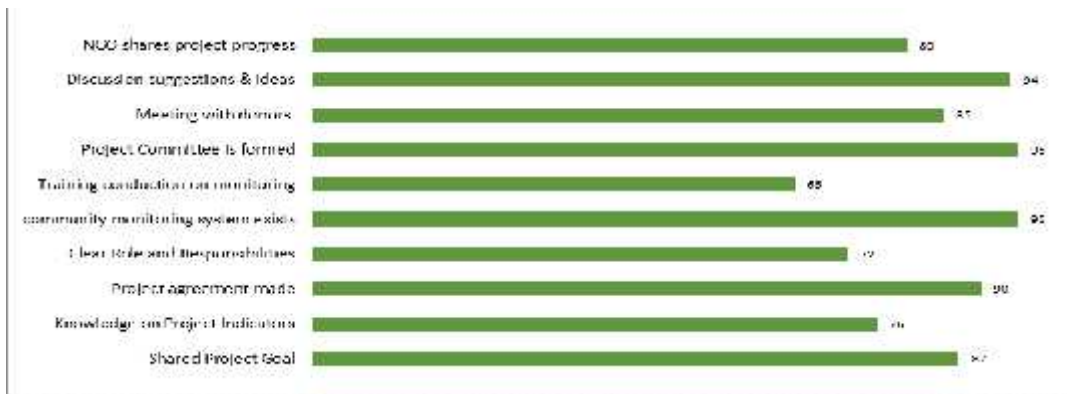


Figure 1. NGO's role to involve community for project monitoring

Figure 1 above illustrates that 87% of participants said NGO shared project goal with them, 76% of respondents mentioned they have knowledge on project indicators, 90% of community members responded project agreement was made with community, 76% of respondents reported clear role and responsibilities are distributed, 95% of participants confirmed community monitoring system exists and works in NGO projects. Furthermore, 65% of community members understood trainings are conducted on community monitoring, 85% said project committee is formed, 85% participants mentioned that they are called for meeting with donors at the time of their visit, 94% respondents said they discuss project activities, give suggestions and ideas and 80% community members assured NGO shares project progress.

Role of Community Monitoring Committee (CMC)

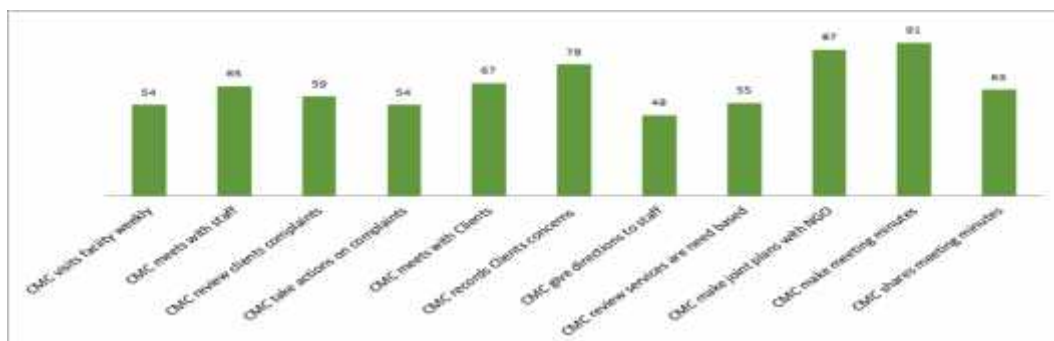


Figure 2. Role of Community Monitoring Committee (CMC)

Figure 2 above shows 54% of respondents said that Community Monitoring Committee (CMC) members visits health facility on weekly basis, 65% of participants assured CMC meets with staff on regular basis, 59% of community members confirmed CMC reviews clients complaints and 54% of respondents thought CMC takes actions against complaints they receive. Moreover, 67% of participants of the study ensured CMC meets with facility clients and ask about the facilities, 78% of respondents stated CMC records clients concerns, 48% of community members indicated CMC gives directions to staff where they felt need, 55% of participants CMC review services are need based, 87% of respondents assured CMC makes joint plans with NGO and 91% of community members said CMC makes meeting minutes but 63% of participants mentioned that these meeting minutes are shared with them.

Impact of Community Monitoring System

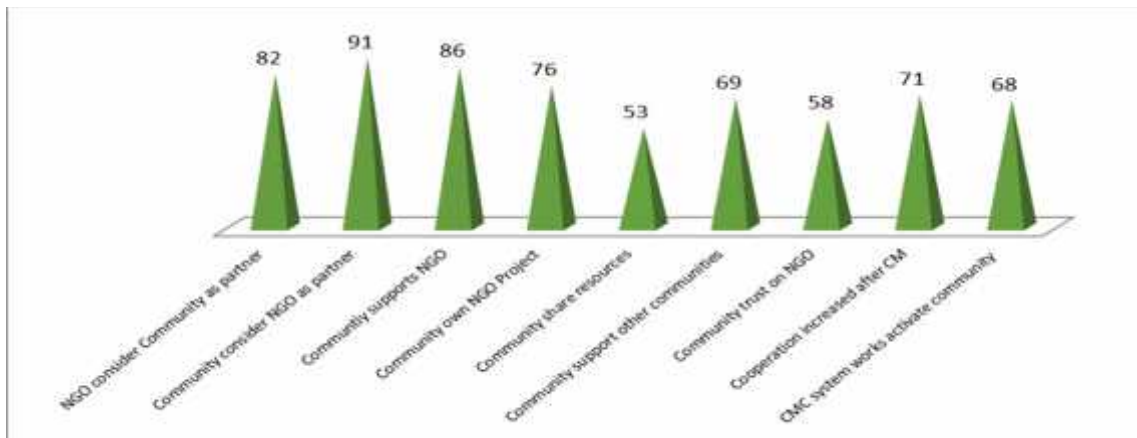


Figure 3. Impact of Community Monitoring System

Figure 3 above depicts 82% of community members thought NGO considers Community as partner, 91% of respondents assured community consider NGO as partner, 86% of participants ensured community supports NGO in its work and 76% of community member assumed community owns NGO's projects. In addition, 53% of respondents assumed community shares resources, 69% of participants said community supports other communities in the locality, 58% of respondents believed community trust on NGO, 71% of community members confirmed cooperation increased after the placement of community monitoring system and 68% of participants supposed CM system works while activating community to resolve their problems.

Multi-linear Regression Table 3 below provides the R and R square value 0.798 and 0.637 respectively. The result shows that the R value is almost 80%. The effect size, as estimated by adjusted R² is 0.637 (64%). This, following Cohen's classification, is an over large.

Table 3. Model Summary

R Square	Adjusted R Square	Std. Error of the Estimate
.637	.627	.761

ANOVA Table 4 below is showing value of F, which is 67.978 with significance *p* value is 0.000, which is less than 0.05. It represents high goodness of fit for the model with degree of freedom of 5.

Table 4. ANOVA^b

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	196.795	5	39.359	67.978	.000 ^a
	Residual	112.325	194	.579		
	Total	309.120	199			

Coefficient Table 5 below illustrates all beta value for independent and dependent variables.

Table 5. Coefficients^a

Model		Unstandardized Coefficients		Standardized	t	Sig.
		B	Std. Error	Coefficients		
1	(Constant)	-1.446	.439		-3.294	.001
	Community has trust on NGO	.229	.112	.141	2.047	.002
	Community monitoring system is placed in NGO	.220	.114	.119	1.927	.055
	NGO considers community as partner	.130	.118	.066	1.094	.275
	Community is aware about project goal	.527	.055	.521	9.637	.000
	NGO trains community members on project monitoring	.189	.097	.116	1.950	.003

a. Dependent Variable: Community owns the NGO's project activities

The result shows that few variables significantly contribute to the model: like 'community has trust on NGO': 0.002, 'community is aware about project goal': 0.000 and 'NGO trains community members on project monitoring': 0.003. The *p*. value is less than 0.05 that reflects significance of independent variables with the dependent variable. The variables 'community monitoring system is placed in NGO': 0.55 and 'NGO consider community as a partner': 0.275 seem insignificant with the dependent variable.

4. Discussion. The study attempted to explore how community monitoring system works in an NGO's project. Study explored that NGO is playing positive role to involve community for project monitoring in its

reproductive health projects. Majority of the community members were aware of the goal of the project and the project indicators are shared with them for proper monitoring. The NGO signs a partnership agreement (i.e. MoU) with community representative group before initiating any activity. This reflects NGO is considering community as its partner in development. NGO conducts training programs for community to conduct monitoring activities smoothly and has set monthly forums where community and NGO personal meet. The meeting minutes are made but there is need to share those properly with the attendees.

NGO formed a Community Monitoring Committee (CMC) that plays key role to conduct monitoring activities in the projects. The committee meets with staff, health clients and donors. NGO allows the committee to share ideas, give suggestions, discuss feedback and share the concerns. Regularity in monitoring activities and compliance to the community complains seemed lacking. The study found that the CMC does not give proper directions to the staff.

Positive impact of the placement of the community monitoring system was seen clearly. Community members felt that NGO considers them as its partner and same thought was sensed from community side. Such kind of reciprocal approach synergizes NGO's work. The resource sharing is seriously lacking. When the community owns the projects then it should share their resource in cash and kind.

5. Conclusion. Community monitoring system encourages community members to become the integral part of project with NGO. The leadership of the HANDS is convinced that the community should be on steward position and should take lead. To make community as an essential partner, the NGO discourages partial participation of the community in its projects. There is also a need to convince community to share resources as well which is the spirit behind participatory development. A sense of cooperation was found among the community members.

The study found that after the placement of community monitoring system the cooperation and community participation has increased. Community member are taking extra interest and are very happy to attend the NGO's meetings and social events. Need for capacity building was felt so trainings should be organized to empower the community.

Communication skills should also be addressed to enable community members how to present things effectively when interacting with clients, NGO staff or donors. Training on project management and fundraising is suggested strongly because when the NGO winds up its activities the community thereafter can carry on such activities. The paper advocates that community monitoring could be one of the community empowerment approaches.

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