



INTEGRITY
WATCH

Toolkit

Community-Based Monitoring
of Health (CBM-H)

2024



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Toolkit

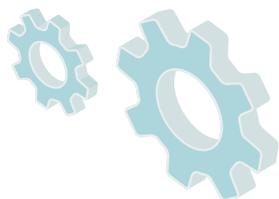
Community-Based Monitoring of Health
(CBM-H)

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What is included in this Toolkit?



The Community-Based Monitoring of Health (CBM-H) Toolkit is a sector-specific supplement to the CBM handbook. It provides a range of tools designed to be used by both the facilitating NGO and local community monitors. It's important to note that these tools are adaptable to different contexts, since health facilities vary in function and capacity, so they should not be regarded as fixed or definitive.

The first part of this resource, Sections 1 & 2, outlines the essential steps of CBM-H and considerations for planning and implementation.

Section 3 introduces the tools, most of which comprise multiple components. Each is introduced with a brief description of its purpose and function. The tools are as follows:

Tool 1

CBM-H Baseline, Annual, Endline survey



Tool 2

CBM-H Initial Recording Forms



Tool 3

CBM-H Monthly Monitoring Forms



Tool 4

CBM-H Findings tracking sheet



Tool 5

CBM-H Event and Meeting Form (all-purpose)



In addition to these tools, please see the Handbook for generic processes, tools, and checklists that are used across all CBM programming, including recruitment processes (6.4), ideas for building community awareness (6.6), and press releases and newsletter guides (8.3).



Introducing

Community-Based
Monitoring of Health



Community-Based Monitoring of Healthcare (CBM-H) is a program designed to enhance integrity, transparency, and social accountability within the healthcare sector. By fostering collaborative information sharing and joint problem-solving, CBM-H aims to strengthen relationships between communities, healthcare officials, and providers while elevating the overall quality of healthcare services.

A successful program can serve as an important mechanism for addressing mismanagement and corruption in the healthcare sector. More widely, it encourages communities to support healthcare reform and advocate for policy changes at local and even national levels.

Integrity Watch's CBM-H program began in 2018 with the monitoring of ten healthcare centers in Kabul, Afghanistan. The program's success, measured by the number of problems solved divided by the number of problems identified, increased from 20% to 55% within the first nine months. This prompted the roll-out of CBM-H to other parts of the country. During the COVID-19 pandemic, IW expanded this program to 428 health facilities to empower more citizens to take an active role in promoting transparency, accountability, and integrity in health service delivery. By 2022 the program had engaged and supported 742 community representatives to monitor local health facilities in thirteen provinces of Afghanistan

1.1. CBM-H Implementation Methodology

The following steps present some context-specific considerations for implementing the Community-Based Monitoring of Healthcare program. Please see Chapter 5 of the handbook for notes on strategic planning, including analysis of local contexts, power dynamics, and partner opportunities, and for general principles of engagement.



Step 01 Coordination with authorities



To implement CBM-H programs in the country, you may need to reach out to the Ministry of Health for necessary consent, cooperation, and possibly an official license. Your CBM-H team should arrange meetings with relevant officials to introduce the program and demonstrate your NGO's capacity for programming in specified regions of the country. However, permissions from central government may not be necessary in countries with significant regional autonomy.

Following any necessary agreements with the Ministry of Health, your CBM-H team will initiate contact with local authorities. If invited, your Provincial Office or Implementing Partner staff will meet with local health sector authorities and leaders, and if necessary health facility managers, to present the CBM-H program, describing its aims and outcomes.

Step 02 Identifying target health facilities



The three most important factors in identifying target health facilities are security, accessibility, and community engagement. It should be noted that security and accessibility are integral components of a strategic context analysis, which your NGO may have already undertaken at a broader level to ascertain the viability of CBM in the country (see Handbook: Chapter 5). To briefly recap:

Security



A comprehensive assessment of the safety of the region is imperative. This involves evaluating potential risks such as political instability, civil unrest, crime, armed group activity and other security concerns that may impact the safety of CBM operations.



The facilitating CSO/NGO should ideally have a strong presence in the locality. This local presence not only facilitates cultural understanding and direct access to communities, but also enables the building of trusted partnerships with local organizations, leaders, and influencers.

Accessibility



Community engagement



Fostering enthusiasm and engagement among local communities is fundamental. Emphasizing the participatory approaches of CBM should reassure communities that they will be empowered through the monitoring process.

Your regional office should review a list of healthcare facilities, supplied by local government, to decide on target communities and facilities for CBM-H. Very often, a single healthcare facility will serve multiple communities. If the facility is not located within a specific community, the target community for CBM-H will be the one nearest to the facility.

You will need strong buy-in from each targeted community. In a CBM-H pilot, it is appropriate for around 10 communities to participate in the monitoring of 10 healthcare facilities. An experienced CBM-H program team can facilitate many more, with each CBM-H Coordinator supervising the local monitoring of up to 20 different facilities.

Step 03 Community mobilization



The CBM-H program draws on community participation to establish the legitimacy of its objectives. Working with local leaders in each participating community, your Provincial Team organizes a CBM awareness-raising meeting to explain the CBM-H program rationale and objectives. The meeting should aim for the widest possible community representation. The meeting coordinator encourages members of the community to consider volunteering in the role of Local Monitor and put themselves forward for election to the post. Across participating communities, the CBM-H program should aim to ensure that 50% of Local Monitors are female.



A volunteer Local Monitor is soon afterwards democratically elected in each community. While the volunteer position does not involve a fixed-term contract, individuals who wish to participate must demonstrate a steadfast commitment to the CBM program. Ideally, the Local Monitor should be literate; if not, they will need to make monitoring visits accompanied by a literate individual (such as a family member) or form a partnership with a second local monitor. (See insert for standard attributes.)

Local monitor standard criteria



- Able to read and write
- Able to volunteer at least 4 hours per week for the program
- Has a good reputation in the community
- Lives close to the health facility
- Has experience in community activities

Chapter 6 of the Handbook provides further details on Local Monitor recruitment and community mobilization, including processes of community engagement, local monitor elections, and a Local Monitor Code of Conduct form (6.5.2). Chapter 8 provides a Community Outreach tool (8.1.1), which can be used to record community mobilization activity.



Figure 1. Explaining CBM programming to community members. Kabul, 2017.



Step 04

Establishing community reporting structures



During the community mobilization period, the reporting structures of CBM-H should be established. There may already exist a health board or council that meets regularly to discuss matters relating to the local health facility. This is normally an opportunity for first-level community reporting in CBM-H.

In addition to this, you will need to support a local leader in each community to establish the membership of both a small and large Community Feedback Group. Your NGO will also need to organize the membership of a provincial Sectoral Monitoring Group.

01

Community Feedback Group meetings are where the Local Monitor provides activity feedback to community stakeholders and engages with them to resolve problems. A small Feedback group, comprising as few as three but no more than ten members, including one or two influential community leaders, meets weekly or fortnightly. This group also forms part of the larger Feedback Group, comprising at least 15 members, which meets once a quarter. Participants should include the local monitor(s), community leaders, representatives from minority groups, and local Health Board members.

02

Sectoral Monitoring Group meetings may be held once or twice a quarter. Participants should include provincial CBM-H staff and local monitors from different communities, senior health officials, NGOs/CSOs, community leaders, and Health Board members. (See handbook for more details.)



Step 05

Local Monitor training (capacity building)



You or your Implementing Partner will organize training and orientation sessions to prepare local monitors to undertake CBM-H. Training may be delivered at a central location in the country by Head Office, but more usually it is delivered by certified trainers at the Regional/Provincial level, perhaps by the Project Manager and CBM-H Coordinator, for all newly-elected local monitors in their area.

Local Monitor training normally spans two days, although it can extend beyond this if needed. The training should cover basic concepts of corruption, community mobilization, monitoring, and problem-solving. Local monitors should be trained in how to use paper-based monitoring tools, as contained in this Toolkit, and any available digital tools, such as the ComMon-Health monitoring app.

All Implementing Partners involved in CBM-H need to become certified trainers of Local Monitors. See Handbook Appendix 2 for information about the onboarding and training of Implementing Partners.

Step 06

Baseline Survey and Initial Recording Forms



It is imperative to gain an evidence-based understanding of community-level knowledge and perceptions of the target health facility before monitoring begins. The Baseline Survey is also important for gaining an understanding of community awareness of, and engagement in, CBM programming. Both the Baseline Survey and Initial Recording Forms serve as important reference points for tracking CBM-H program progress and impact.

Regional office staff, possibly supported by a newly-trained Local Monitor, conduct the Baseline Survey with users of health services and other stakeholders, and document the existing situation. Thereafter, the Local Monitor, perhaps supported by the CBM-H Coordinator, will visit the health facility and fill out the Initial Recording Forms to create a baseline point for the start of regular monitoring.



Step 07 Community outreach event



Before routine monitoring starts, the CBM-H team organizes outreach events to raise each target community’s awareness of CBM-H and inspire them to engage with the program. This is usually undertaken in the form of a multi-media presentation to community members (at least 30 attendees) and with the distribution of brochures, calendars, or other printed materials. The event may incorporate a Theater of the Oppressed or other role-play, with scenes acted out with members of the public to teach formal processes of CBM (see Handbook Chapter 6.6). It is useful to hold this type of event each year, in each participating community, and it should engage men and women of all ages, including people from marginalized and vulnerable groups.

Step 08 Monitoring of healthcare facilities



The Local Monitor conducts monthly visits to the healthcare facility and engages with staff, patients, and carers. The Local Monitor fills out the monitoring forms in pen or may alternatively use the ComMon-Health monitoring app, which uploads data directly to the central database. If possible, the Local Monitor should take photographs of any structural problems found at the healthcare facility. The monitor uses the monitoring information for direct advocacy with the facility and for community reporting (see next section). The monitor passes all completed forms and pictures to the Provincial Office where information is inputted/uploaded into the central database.

Step 09 Advocacy meetings



CBM-H advocacy engages a variety of stakeholders, including health facility administrators, board members, community members, and high-level local officials. Advocacy should start at the facility level, using a step-wise approach, unless specific issues, such as corruption and Local Monitor safety, necessitate immediate reporting of findings to the community or officials.



01 Facility administrators and Health Board



Local monitors should, as a first step, report findings to the health facility’s managers and/or health board (or council). This allows an immediate consideration of specific concerns and can enable the facility to respond promptly. Facility directors will often want to deal with problems without facing community pressure to do so.

02 Community Feedback Meetings



If any problems persist, the Local Monitor should share them with the Community Feedback Group (the small and/or large groups, as appropriate). In many cases, small problems will be addressed through collective advocacy, collaboration, and the mobilization of local resources.

The Local Monitor is responsible for recording all discussed problems and agreed-upon actions during Community Feedback Group meetings. These items are recorded on the Event and Meeting Recording Form (Tool 5). Additionally, for larger quarterly meetings, the Local Monitor should create a comprehensive agenda and take a photograph of the meeting. The photograph is necessary documentation for claiming meeting expenses from Head Office. Meeting documents are uploaded to the central database by staff at the regional office.

Focal Points (or the CBM-H Coordinator) may need to supervise the first few Community Feedback Group meetings, after which the Local Monitor should take the lead.

Problems that the Community Feedback Group is unable to solve are taken to the Sectoral Monitoring Group (Step 10).

03 Local Monitors’ Coordination Meetings



Local monitors across the province or region meet together once a month to discuss findings and share their experiences with others. These meetings allow volunteers to exchange ideas, narrow down common challenges, and jointly seek solutions.



Step 10

Sectoral Monitoring Group meetings



At the Sectoral Monitoring Group meeting you should aim to bring together key health sector stakeholders, including health officials, NGOs/CSOs, community leaders and other representatives, Local Monitors, Health Board/Council members, and perhaps occasionally donors. The Group meets once or twice per quarter to discuss outstanding problems in the health sector at the provincial/regional level.

Sectoral Monitoring Group meetings are an opportunity for high-level advocacy. They are an immensely influential component of the CBM-H program and provide opportunities to address larger-scale problems that cannot be resolved at the community level.

It is good practice to circulate a CBM-H update or progress report to the various SMG members prior to these meetings to give them time to read and reflect before discussing issues in person. At the meeting, the Local Monitor should record meeting minutes on the Event and Meeting Recording Form (Tool 5) and take a photograph of the meeting for the claiming of expenses. Documents are uploaded to the central database by staff at the regional office.

If certain issues cannot be resolved by provincial stakeholders, your organization's Advocacy and Communications department may decide to bring them to the attention of central government. These issues might concern access to information or problems of corruption. Your organization will need to collaborate with relevant ministries and possibly donors to secure an authoritative response and higher-level intervention.

Step 11

Integrity Dialogue



At the end of each year, the NGO organizes an Integrity Dialogue event at which officials, NGO/CSO members, local media organizations, and community members are invited to discuss CBM-H annual findings, lessons learned, challenges, recommendations, and opportunities. This event is an important opportunity to build trust, promote accountability, and expedite problem-solving. It should allow community members to share their concerns and request clarifications on any outstanding problems from local officials. Aim to have 30 to 40 participants at these events.



Step 12 Annual/Endline surveys and Handover



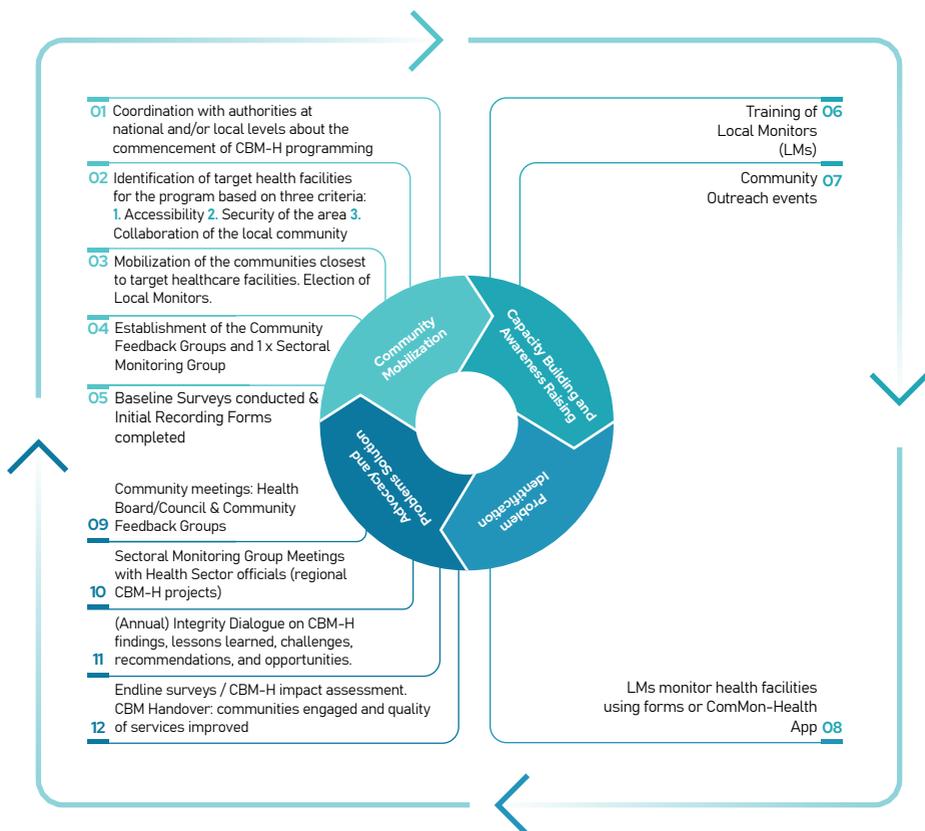
The Annual and Endline surveys use the Baseline questions to enable insight on the effectiveness and success of the CBM-H program from a community perspective. These surveys constitute an additional evidence base to supplement information derived from the analysis of monthly monitoring data, including problem fixes, throughout the two-year CBM-H program.

A comprehensive CBM-H impact assessment at the two-year point, consolidating findings from all participating communities, is conducted either by your Monitoring, Evaluation, Accountability, and Learning (MEAL) team or by an independent organization.

Following the assessment, the CBM-H program is handed over to the communities. This can be undertaken in a phased manner, as appropriate. However, while each Local Monitor (or their successor) will no longer submit monitoring data to your NGO, your organization will still need to remain available to the communities to provide technical support, advice, and advocacy where needed (see Chapter 8.7 of the Handbook).



1.2. CBM-H steps (multiple healthcare facilities, regional activity)





Considerations

for
CBM-Health



What makes a suitable project for monitoring? 2.1

Your organization will have taken appropriate steps to ensure area accessibility and security (see Step 2 in Section 1, above). The selection of appropriate healthcare facilities for CBM should be guided by your conversations with local government and health sector officials, and your own needs assessments of facilities that might most benefit from the program. Decision-making will also be guided by community willingness to engage in CBM.

Priority considerations for CBM-H are health facilities that:

- lack basic infrastructure or resources
- are operational but still under construction
- have been indicated by local officials as most in need of monitoring and community support
- are perceived by the community as poorly managed and lacking transparency



What to monitor under CBM-H 2.2

CBM-H activity targets several categories of healthcare management and provision, including site cleanliness and hygiene standards, the condition of buildings, safety standards, and patient care. Naturally, it will not be possible to monitor all components of service provision under CBM, and the scope of monitoring may well be guided by local priorities, time constraints, and access to information. The technical aspects of healthcare provision, such as techniques of surgical procedures or medical imaging, are not the focus of CBM-H.

As noted above, before routine monitoring begins, two types of survey are undertaken in each participating community. First is the Baseline Survey, which is led by the NGO and focused on community knowledge of the health center and awareness of and engagement in community-based monitoring. The second survey is a site-specific review, undertaken by the Local Monitor, often with NGO support, using an Initial Recording Form (Tool 2 in this Toolkit). This captures essential details about the healthcare facility in relation to its staff, resources, and site.



The monthly monitoring forms are then used for the routine monitoring of a range of indicators. The precise content of the Tools should be agreed upon at the outset by CBM-H stakeholders.

Themes of monthly monitoring include:



Security and safety

such as prevention of facility entry with dangerous objects, patient and staff safety, waste management, building safety



Cleanliness and Hygiene

including access to drinking water, facility cleanliness, linens cleanliness, compliance with hygiene protocols



Attendance

Attendance of clinical staff, reception/administration staff, porters, technicians



Environment and materials

Such as the availability of medicines, surgical equipment, medical examination instruments, operating tables, beds, chairs



Hospital Administration

Including communications, complaints handling mechanisms, Health Board/Council activity, CBM follow-up within the facility



Service delivery

With emphasis on patient care and the services of different hospital departments



Access to Information

2.3

Many countries have access to information laws or orders, but these are not always constitutionally guaranteed. The public's right of access to information held by public authorities therefore varies significantly from country to country. For example, the public may have a right to information through an executive order, but without opportunity to challenge decisions when access is refused. Conversely, in some countries the public can appeal to a Right to Information Commission or other oversight body to seek redress where access is denied.

In CBM, the data required are not considered sensitive (commercially or personally). However, barriers to information may still be experienced in part because health providers or other public servants may not be fully aware of citizens' rights. Communities, particularly local monitors, may require substantial support from your NGO or Implementing Partner in the early stages of a project if access to information is refused. Their limited knowledge of Access to Information laws may leave them without the leverage needed to overcome these barriers alone.



Expect Challenges

2.4

Your organization and the communities you support may experience interference and conflict of interest of local power-holders in addressing the needs of healthcare facilities. Additionally, healthcare officials may not be cooperative sharing information with local monitors (for reasons stated above) or may not take necessary action to resolve problems brought to their attention.

Robust CBM engagement from the outset with a wide range of community leaders and stakeholders will do much to diminish levels of opposition to CBM-H community action. The success of CBM hinges on community support for accountability and transparency in public services. Such is the importance of community awareness-raising and education, prior to CBM implementation (Steps 3 & 7 in the above list, Section 1). This will help give local people the knowledge and skills to understand citizen rights and advocate for change and improvement in public services and government-funded projects. See the Handbook for ideas on community sensitization (Chapter 6.6).



It is important to note that some communities will require substantially more support from your NGO than others in advocacy and resource mobilization. This may necessitate greater sectoral monitoring group involvement and even the engagement of actors outside established CBM structures. For example, a CBM-H Field Coordinator overseeing programs across multiple regions may need to attend regional health cluster meetings or technical working groups to share challenges and seek solutions through wider networks.



Relational Best Practices 2.5

Local monitor training will have already emphasized the importance of establishing good relationships with health facility staff so that the CBM-H program is seen as a support mechanism and non-threatening.

It is advisable to collaborate with health facility managers to establish realistic timelines and achievable tasks that simultaneously foster accountability. CBM-H emphasizes cooperation rather than fault-finding.

Issues and challenges should be approached not as divisive elements, creating a rift between local monitors and health facility managers, but rather as shared concerns that require collective action.

The two case studies below exemplify how local monitors and communities have leveraged Community-Based Monitoring of Healthcare programs as a collaborative platform for effective advocacy, successfully tackling crucial issues in healthcare delivery.



Case Study 1:

CBM-H resolves service delivery problem in Jawzjan Province

Jaghsai Clinic, situated in Jawzjan Province, Afghanistan, serves as a vital Basic Health Center (BHC) catering to the healthcare needs of residents across 13 villages. However, a pressing challenge had arisen due to the absence of a doctor, significantly impacting the overall health and well-being of the community.

Many villages in Afghanistan face similar problems. What set Jaghsai apart was its program of community-based monitoring. The Local Monitor, Mr Ahmad, and other community volunteers visited the clinic where just one nurse was providing health services to all patients. Their initial advocacy efforts with clinic officials to hire a doctor were unsuccessful.

However, Mr Jawad and other community members were determined in their advocacy efforts and achieved a remarkable result in just a few weeks. On March 2, 2021, they organized a meeting with the health service provider Solidarity for Afghan Families (SAF), and on March 18 met with the health supervisor of Jawzjan Province. Joint community advocacy paid off with SAF hiring a medical doctor for the Jaghsai Clinic on March 24.

Now the clinic provides health services to almost 250 visitors and patients each day. Kabeer Bey, a community elder, stated, **“When the clinic didn't have a doctor, we had to visit other health centers. They were far away from us. Now that we have our doctor, we don't need to worry about having to visit a clinic somewhere else.”**



Figure 2. Jaghsai Health Clinic, Jawzjan Province



Case Study 2: Medical testing in Nangarhar

In 2020, CBM-H volunteer monitor Rahmanullah, having been trained by a local civil society organization (CSO), committed to making weekly visits to the Chaparhar District Health Center in Nangarhar Province to check the functioning of the facility and ensure it was providing the necessary health services to visitors. He found that doctors were referring patients to private health providers elsewhere for medical tests because there was no electricity to operate medical equipment at the health center.

As Rahmanullah reported, “The people who go to public health centers are very poor, and when they were referred to private service providers, they were not able to afford the fees. This forced them to go back home without being treated.”

The district is not connected to the electricity grid, and the health center did not have the financial resources to install solar power or purchase a generator. Rahmanullah discussed the problem with his community and the CBM-H (CSO) coordinator. Together, they shared the issue with the Nangarhar Directorate of Health, the Provincial Governor’s Office, and the Afghan Development Association (ADA), which operated the health center.

Months of continued advocacy eventually paid off — a solar system with battery storage was installed to provide the necessary electricity. Now, medical tests are conducted at the health center, and visitors are no longer referred to private service providers. Rahmanullah adds, “People are very happy now that they do not have to go to private service providers for medical tests.”



Figures 3 & 3. Solar energy solutions at Chaparhar District Health Center, Nangarhar Province, Afghanistan.



CBM-H

Tools

In this section, you will find a sample of each tool that may be used in the program. Please note that the tools and checklists can vary by country and context. For tailored tools and checklists in your context, kindly contact Integrity Watch.

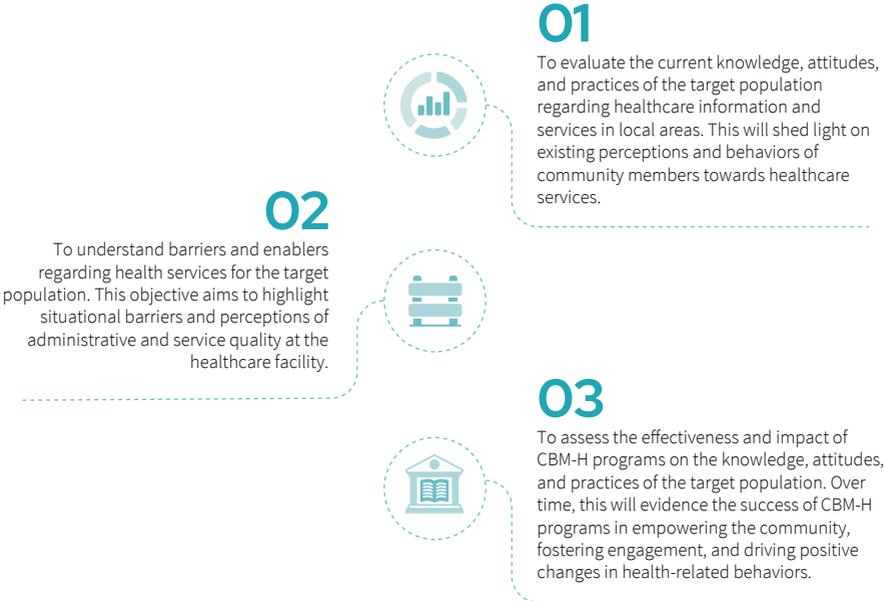


Tool 1

Baseline, Annual, & Endline Surveys (BAES)

Through the Baseline, Annual, and Endline surveys your organization will be able to track progress in people’s understanding of monitoring rights, their access to information and health facility services, and their views and experiences of service quality and delivery. Further, the surveys should help develop community awareness of CBM-H and the monitoring process.

Specific Objectives





Methodology

Surveyors

The Baseline, Annual, and Endline surveys should be conducted by a Monitoring, Evaluation, Accountability, and Learning (MEAL) team member or staff from the Regional Office, with support provided by Local Monitors if appropriate.

Target Areas

Target areas for the surveys are the communities surrounding the monitored health facility.

Target Groups

Target groups for the surveys are community members who use the local health facility and others who live nearby. Survey participants are individuals aged 18 and over. Surveyors should, as far as possible, ensure an equal proportion of male and female participants.

Sample Size

The sample size may have been mutually agreed between donors and your organization – there are no set numbers. For example, each community survey might include between 50 and 90 participants or households. Follow-up surveys at one year and endline are unlikely to feature the same sample as the Baseline Survey. However, efforts should be made to include a substantial portion of the baseline participants in these subsequent surveys.

Survey Time Frame

The surveys, conducted in each participating community, should be organized in close succession, commencing as soon as possible after the Local Monitors have been trained and before routine monitoring begins. The Annual Survey is completed at the one-year point, and the Endline Survey at the two-year point.

Sampling and Selection of Respondents

The representative sampling methodology of random sampling is used. The surveyor(s) should walk and randomly select a first household for interview, and continue by selecting every other house, or every third or fourth house, depending on the size of the community. They will need to make a record of their starting point and approach for subsequent surveys.



T.1.1H-BAES: NGO information



Download T1.1 Form

NGO/CSO Name:			
Name of Interviewer:			
Date of interview:			
SURVEY POINT:	<input type="checkbox"/> BASELINE	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> ENDLINE

T.1.2 H-BAES: Socio-demographic Information



Download T1.2 Form

S. N	QUESTIONS	CODING CATEGORIES
Q1	Health Facility ID:	
Q2	Health Facility Name:	
Q3	Interviewee's age	
Q4	Interviewee's gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
Q5	Name of residential area	
Q6	Interviewee's name and cellphone number (optional)	



T.1.3 H-BAES: General Questions



Download T1.3 Form

Prior to asking questions, please ensure the interviewee understands which local health facility the questions refer to.

S. N	QUESTIONS	RESPONSES
Q1	Do you or anyone from your family go to the local health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q2	How many times have you personally accessed health services at the facility in the last month?	(..... Visits)
Q3	Is your preferred choice of health service this local clinic or another health service or provider?	<input type="checkbox"/> Local clinic <input type="checkbox"/> Other service: (specify):..... <input type="checkbox"/> I do not go to clinics or hospitals
Q4	Can women attend the local health facility if there are no female staff in attendance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Q5	How well informed are you about the general services and activities of the health facility?	<input type="checkbox"/> Very well informed <input type="checkbox"/> Well informed <input type="checkbox"/> Somewhat informed <input type="checkbox"/> Not informed at all
Q6	Has any organisation, government official or volunteer promoted health education or local health services in your community?	<input type="checkbox"/> Yes state which, if known):..... <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Q7	What barriers, if any, have you faced in accessing services at the health facility?	<input type="checkbox"/> Availability of services or doctors <input type="checkbox"/> Availability of medicines <input type="checkbox"/> Distance <input type="checkbox"/> Cost <input type="checkbox"/> Discrimination or favoritism <input type="checkbox"/> Other (please specify):..... <input type="checkbox"/> None (no barriers at all)



<p>Q8 How would you rate the quality of healthcare at the health facility?</p>	<p><input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor <input type="checkbox"/> Not sure / not applicable</p>
<p>Q9 How would you rate staff behavior and attitudes at the health facility?</p>	<p><input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor <input type="checkbox"/> Not sure / not applicable</p>
<p>Q10 How would you rate the cleanliness of the health facility?</p>	<p><input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor <input type="checkbox"/> Not sure / not applicable</p>
<p>Q11 How would you rate access and waiting times at the health facility?</p>	<p><input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor <input type="checkbox"/> Not sure / not applicable</p>
<p>Q12 What do you think are the biggest challenges or problems facing the health facility? <i>(Tick all that apply)</i></p>	<p><input type="checkbox"/> Quality of care <input type="checkbox"/> Range of services <input type="checkbox"/> Availability of qualified staff <input type="checkbox"/> Availability of female health workers <input type="checkbox"/> Waiting times <input type="checkbox"/> Cleanliness & hygiene standards <input type="checkbox"/> Communication <input type="checkbox"/> Corruption or mismanagement <input type="checkbox"/> Other (please specify).....</p>
<p>Q13 Are you familiar with community-based monitoring of health services?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Q14 Have you ever monitored the health facility?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>



Q15	Do you know that you have the right as a community member to monitor your local health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, the interviewee should be briefed about this right.)</i>
Q16	Do you think community monitoring can improve or has improved the quality of health services at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Q17	Are you interested in participating in community-based monitoring programs now or in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Q18	Have you attended any of the following community-based monitoring events in your area?	<input type="checkbox"/> Community mobilization <input type="checkbox"/> Community re-mobilization <input type="checkbox"/> Mobile cinema (showing) <input type="checkbox"/> CBM Program introduction <input type="checkbox"/> Local monitor election <input type="checkbox"/> Feedback to the Community meeting <input type="checkbox"/> Public awareness/outreach event <input type="checkbox"/> Other <input type="checkbox"/> I have not attended any CBM events <i>If 'Other', please specify:</i>

Thank the interviewee!

T.1.4 H-BAES: Office use only



Download T1.4 Form

Please do not enter the data into the database before accuracy verification!

<input type="checkbox"/>	CBM-H BAES data checked and entered into database
<input type="checkbox"/>	Verification by CBM-H Coordinator
CBM-H Coordinator name:	
CBM-H Coordinator signature:	
CONTACT NUMBER:	DATE:



Tool 2

CBM-H Health Facility Initial Recording Forms (IRF)

The purpose of the CBM-H Initial Recording Form is to set the baseline for subsequent monitoring activities. In this process, the Local Monitor (ideally supported by the CBM-H Coordinator) uses Tool 2.1 to document basic details about the health facility, including its type, services, capacity and staff. Tool 2.2 is used to document access to information.

Additionally, Tools 2.3 and 2.4 are used for asset tracking, providing a foundational understanding of key medical and administrative equipment within the facility. Since it will not be feasible to record all health facility items in these lists, the CBM Coordinator will need to help ensure the suitable prioritization of critical assets to be recorded.

Once completed, all parts of the Initial Recording Form (T2.1 to T2.4) should be submitted to the CBM-facilitating NGO for data input and upload onto the central database.

T.2.1H-IRF: General Information



Download T2.1 Form

HEALTH FACILITY ID	HEALTH FACILITY NAME	HF CATCHMENT AREA POPULATION	FILING DATE
		NSIA: UN Date: CAAC:	
SERVICES OF HEALTH FACILITY		TYPE OF HEALTH FACILITY	
<input type="checkbox"/> Emergency Room <input type="checkbox"/> Counselling <input type="checkbox"/> Ear, Nose, Throat (ENT) <input type="checkbox"/> Family planning <input type="checkbox"/> Gynecology/Maternity <input type="checkbox"/> Infectious diseases <input type="checkbox"/> In-patients <input type="checkbox"/> Laboratory <input type="checkbox"/> Mental Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Orthopedics <input type="checkbox"/> Paediatrics <input type="checkbox"/> Paediatrics	<input type="checkbox"/> Physiotherapy <input type="checkbox"/> Radiology/imaging <input type="checkbox"/> Surgery <input type="checkbox"/> TB <input type="checkbox"/> Vaccination Other, specify: <input type="radio"/>	<input type="checkbox"/> Sub Health Center <input type="checkbox"/> Basic HC (BHC or BHC+) <input type="checkbox"/> Community HC (CHC or CHC+) <input type="checkbox"/> District Hospital <input type="checkbox"/> Provincial Hospital <input type="checkbox"/> Regional Hospital Other, specify: <input type="radio"/>	



TYPE OF HEALTH FACILITY BUILDING /STRUCTURE	DATE OF ESTABLISHMENT	GPS LOCATION OF HEALTH FACILITY	
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	/ /	Longitude: Latitude:	
PROVINCE	DISTRICT	VILLAGE	
Based on the facility's activity report, how many patients visited the HF in the last completed month?	Health Facility staff count		Security Arrangements at the facility
Number:	All staff Surgeons Med Docs Specialist Docs Midwives Nurses Pharmacists	Female: Male: Female: Male: Female: Male: Female: Male: Female: Male: Female: Male: Female: Male:	<input type="checkbox"/> Yes <input type="checkbox"/> No
# OF WAITING ROOMS	# OF ADMINISTRATIVE ROOMS	# OF WORK /EXAMINATION ROOMS	# OF DOCTORS' ROOMS
Female only: Male only: Mixed:			
# OF WARDS	# OF BEDROOMS	# OF BEDS	# OF TOILETS
Medical store room	Facility Incinerator	Clean water in health facility	Active Health Council/Board
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this facility offer any of the following client services either on-site or remotely?			



Child vaccination	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child growth monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No
Curative care services for children under age 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family planning services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Antenatal care (ANC) services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Labor and delivery services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cesarean delivery (Cesarean section)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Care and/or referral services for victims of gender-based violence (GBV)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post-abortion care (PAC) services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosis and treatment of malaria	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosis, prescribed treatment, treatment follow-up for TB	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV testing and counseling services	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS antiretroviral prescriptions and follow-up services for treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosis or treatment of other STIs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosis and management of non-communicable diseases, e.g. diabetes, cardiovascular diseases, and chronic respiratory conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Screening for breast cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Screening for cervical cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Screening for prostate cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No



Screening for other cancers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minor surgical services that do not require the use of a theatre (such as incision and drainage of abscesses and suturing (stitching) of lacerations)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory diagnostic services, including any rapid diagnostic testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood transfusion services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ambulance services	<input type="checkbox"/> Yes <input type="checkbox"/> No

T.2.2 H-IRF: Access to Health Facility Information (by Local Monitor)



Download T2.2 Form

BUDGET	EXPENDITURE RECORDS	AID DISTRIBUTION RECORDS
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
STAFF EMPLOYEE RECORDS	ATTENDANCE RECORDS	ADMIN RECORDS
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
LIST OF INVENTORY	STOCK (CONSUMABLE ITEMS)	PHYSICAL ACCESS TO FACILITY
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

T.2.3 H-IRF: Asset tracking: Key Medical Equipment (fixed assets)



Download T2.3 Form

ITEM NAME	DESCRIPTION	LOCATION	QUANTITY	SERIAL NUMBERS / IDENTIFIERS	DATE RECEIVED / INSTALLED	CONDITION



T.2.4 H-IRF: Asset tracking: Health facility administration equipment



Download T2.4 Form

ITEM NAME (COMPUTERS, PRINTERS, TELEPHONES, ETC)	QUANTITY	DATE RECEIVED	COST	FUNCTIONING?
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some

T.2.5 H-IRF: Office use only



Download T2.5 Form

Please do not enter the data into the database before accuracy verification!

<input type="checkbox"/>	CBM-H IRF data checked and entered into database
<input type="checkbox"/>	Verification by CBM-H Coordinator
CBM-H Coordinator name:	
CBM-H Coordinator signature:	
CONTACT NUMBER:	DATE:



Tool 3

CBM-H Monthly Monitoring Form (MMF)

The Local Monitor uses the monthly monitoring forms to (1) enable routine checks of facility administration, cleanliness, services, and equipment, and (2) record identified problems and reasons for substandard conditions.

Tool 3.1 should be typed out at the start of the CBM-H project so that the Local Monitor is not filling in forms each week unnecessarily. Tool 3.2 is the starting point for the new month of activity. If issues are found that require attention, the Local Monitor should use Tool 3.3 to record the specific details of the problem. It should be noted that if the Local Monitor is unable to address problems through direct advocacy at the health facility, they should make a note of these problems in their own CBM-H notebook for community reporting and action.

All forms need to be passed to the coordinating NGO each week for data input and upload.

T.3.1H-MMF: General Information



Download T3.1 Form

HEALTH FACILITY NAME	HEALTH FACILITY TYPE
	<input type="checkbox"/> Sub Health Center <input type="checkbox"/> Basic Health Center (BHC or BHC+) <input type="checkbox"/> Community Health Center (CHC or CHC+) <input type="checkbox"/> District Hospital <input type="checkbox"/> Provincial Hospital <input type="checkbox"/> Regional Hospital Other, specify: <input type="text"/>
Database Code:	
Province / District:	
Local Monitor Name:	
Local Monitor Contact Number:	
Date of Monitoring:	/ /
Start & Finish time	_____ to _____
Local Monitor (Integrity Volunteer) Signature	



# OF AVAILABLE SPECIALIST DOCTORS	# OF AVAILABLE MEDICAL DOCTORS	# OF AVAILABLE NURSES
Male: Female:	Male: Female:	Male: Female:
# OF AVAILABLE MIDWIVES	# OF AVAILABLE VACCINATORS	# OF AVAILABLE PSYCHOTHERAPY / MENTAL HEALTH PRACTITIONERS
Male: Female:	Male: Female:	Male: Female:
# OF OTHER AVAILABLE CLINICAL STAFF	# OF AVAILABLE ADMIN STAFF	# OF OTHER AVAILABLE NON-MEDICAL SUPPORT STAFF
Male: Female:	Male: Female:	Male: Female:

T.3.2 H-MMF: Monitoring by Category

[Download T3.2 Form](#)

a. Security and Safety

1	Are security staff present to ensure no weapons or dangerous items are brought into the facility by visitors/patients?	<input type="checkbox"/> Yes, in place and effective <input type="checkbox"/> In part, not always effective <input type="checkbox"/> No
2	Are measures in place to prevent the physical and verbal abuse of patients and staff?	<input type="checkbox"/> Yes, in place and effective <input type="checkbox"/> In part, not always effective <input type="checkbox"/> No
3	Is there an appropriate waiting area for the patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Are walk-in patients given tokens (or a similar) to ensure a systematic process for doctor consultations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Is there a separate room in the health facility where women can give birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Does the delivery room have complete privacy?	<input type="checkbox"/> Yes <input type="checkbox"/> In Part <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <i>Restricted access (authorized personnel only)</i> <input type="checkbox"/> <i>Visual privacy (not visible to those outside the room, e.g. in corridors or exterior areas)</i> <input type="checkbox"/> <i>Soundproofing</i> <input type="checkbox"/> <i>Privacy curtains or doors</i>



d. Environment & Materials

1	Are all required medicines available? (Based on the pharmacy technician's response.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Are all required laboratory materials available? (Based on the laboratory technician's response.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Are the required wheelchairs, stretcher beds and operating tables available? (Based on an administrator's response, or that of a medical doctor.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Are all required medical instruments available? (Based on a doctor's response)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Is there a sufficient number of patient beds at the health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6	Does the health facility have adequate lighting in all areas to ensure safety and proper functionality?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	During the past month, how many hours per day, on average, has the health facility lacked electricity when it was needed?	<input type="checkbox"/> N/A (No problems with supply) <input type="checkbox"/> Average shortfall:hrs/day

e. Administration

1	Is there a reception or information desk available for patients at the health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Does the facility have multi-disciplinary teams, with effective coordination across different departments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do health facility staff conduct themselves appropriately with patients and patients' attendants? (Please answer based on feedback from visitors and patients.)	<input type="checkbox"/> Yes, virtually always <input type="checkbox"/> Only sometimes <input type="checkbox"/> Rarely or not at all
4	Is there a public complaints box (or other complaints mechanism) at the health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No



5	Are there expired medicines in the medical storeroom or pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	How many times has the health facility been monitored by governmental or non-governmental organizations in the last month?	1. () times by NGO 2. () times by Provincial Public Health Directorate/MoPH
7	How many managerial meetings were held in last month to solve problems identified through CBM?	()
8	Has a Health Council or Board been active in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No

f. Services Delivery

1	Has the health facility provided all expected services in the last month?	<input type="checkbox"/> Yes, consistently <input type="checkbox"/> Mostly <input type="checkbox"/> Rarely <input type="checkbox"/> Not at all
2	Has health education been provided to waiting patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Has the facility been screening pregnant women for anemia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Has the health facility provided vaccination services in the last month?	<input type="checkbox"/> Yes <input type="checkbox"/> No -> if no, go to question #7
5	How many children were vaccinated in the last week?	()
6	How many women aged 15 to 49 years were vaccinated in the last week?	()
7	Has the facility's ambulance service been operational in the last month?	<input type="checkbox"/> Yes (number of vehicles:)s <input type="checkbox"/> No <input type="checkbox"/> N/A (no service)



8	According to the ambulance log book and transfer sheets: 1) how many patients have been transferred in the last month? 2) How many kilometers have been registered by the service?	# Patients: # Kilometers travelled: • N/A
9	Have night duties been performed during the last month by doctors, nurses, and midwives? (See the night duty roster and attendance sheets.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10	Ask 10 patients who have been given a prescription whether they have been told to purchase it privately outside the health facility (e.g. from a pharmacy or private medical center):	
	Patient #1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Patient #2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Patient #3	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Patient #4	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Patient #5	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Patient #6	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Patient #7	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Patient #8	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Patient #9	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Patient #10	<input type="checkbox"/> Yes <input type="checkbox"/> No



T.3.3 H-MMF: Recording Identified Problems



Download T3.3 Form

This sheet should be duplicated as required.

PROBLEM	PROBLEM EXPLANATION	IDENTIFIED BY
Date Identified (Year/Month/Day) / /		<input type="checkbox"/> Local Monitor <input type="checkbox"/> CBM-H Coordinator <input type="checkbox"/> Health Council member <input type="checkbox"/> Provincial Coordinator <input type="checkbox"/> Health Facility Staff
Date Identified (Year/Month/Day) / /		<input type="checkbox"/> Local Monitor <input type="checkbox"/> CBM-H Coordinator <input type="checkbox"/> Health Council member <input type="checkbox"/> Provincial Coordinator <input type="checkbox"/> Health Facility Staff

T.3.4 H-MMF: Office use only



Download T3.4 Form

Please do not enter the data into the database before accuracy verification!

<input type="checkbox"/>	CBM-H MMF data checked and entered into database
<input type="checkbox"/>	Verification by CBM-H Coordinator
CBM-H Coordinator name:	
CBM-H Coordinator signature:	
CONTACT NUMBER:	DATE:



Tool 4

CBM-H Findings tracking sheet (FTS)

This tool allows the Local Monitor to register their findings, record discussions (with relevant officials), and document action on problem-solving and local resource mobilization. It should be used to record activities in the weeks between the monthly monitoring visits.

The Local Monitor should seek to address issues as much as possible through contact with relevant staff and officials at the local health facility. Beyond this, they will seek support in problem-solving from the health facility’s Health Council/Board and from the Community Feedback Group. Collaboration in problem-solving, engaging multiple parties and stakeholders, is often key to addressing larger problems facing the health facilities.

T.4.1H-FTS:

General Information



Download T.4.1 Form

PROVINCE:		DISTRICT:	
HEALTH FACILITY NAME:		DATABASE CODE:	
Health Facility Type:	<input type="checkbox"/> Sub Health Center <input type="checkbox"/> Basic Health Clinic (BHC) or BHC + <input type="checkbox"/> Community Health Clinic (CHC) or CHC+ <input type="checkbox"/> District Hospital <input type="checkbox"/> Provincial Hospital <input type="checkbox"/> Regional Hospital <input type="radio"/> Other, specify _____		
GPS coordinates:		Latitude _____	Longitude _____
Local Monitor Name:			
Local Monitor Contact Number:			
Date of last monitoring visit:		/	/



T.4.2 H-FTS: Progress tracking



Download T4.2 Form

This sheet should be duplicated as required. Sheets should be numbered consecutively for the week-by-week activity between monthly monitoring visits.

SHEET NUMBER:	RECORDING DATE:
Identified problem(s)	
Follow-up/Advocacy (describe who you met with or reported the issue(s) to)	
Action (describe outcomes of follow-up and advocacy)	
Progress <input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete	
Solved by (state key entities involved in problem-solving, e.g., Health Council, Community Feedback Group, SMG, Donor, etc.)	Date solved / /

T.4.3 H-FTS: Office use only



Download T4.3 Form

Please do not enter the data into the database before accuracy verification!

<input type="checkbox"/>	CBM-H FTS data checked and entered into database
<input type="checkbox"/>	Verification by CBM-H Coordinator
CBM-H Coordinator name:	
CBM-H Coordinator signature:	
CONTACT NUMBER:	DATE:



Tool 5

CBM-H Event and Meeting Recording Form (EMRF)

The multi-purpose CBM-H Event and Meeting Form is a tool used for recording training, outreach, and mobilization events, as well as meetings at the community level (health Council/board meetings and Community Feedback Group (CFG) meetings) and the provincial/regional level (Sectoral Monitoring Group (SMG) meetings).

Not all sections will be relevant to any one event type or meeting. The Local Monitor (and/or the CBM-H Coordinator) fills in the relevant parts of the form following the event or meeting and submits this along with any other related documentation (e.g. photographs) to the NGO for data upload.

T.5.1H-EMRF: all-purpose CBM-H Event & Meeting Form



Region	District			Town/Village	
Event Type	Local Monitors' Meeting <input type="checkbox"/>	Health Board Meeting <input type="checkbox"/>	SMG Meeting <input type="checkbox"/>	Small CFG Meeting <input type="checkbox"/>	Large CFG Meeting <input type="checkbox"/>
	CBM Coordinator Training <input type="checkbox"/>	Local Monitor Training <input type="checkbox"/>	Theater of Oppressed Training <input type="checkbox"/>	LM Refresh Training <input type="checkbox"/>	NGO/CSO, Admins Training <input type="checkbox"/>
	Outreach Event <input type="checkbox"/>	Mobilization <input type="checkbox"/>	Remobilization <input type="checkbox"/>	Integrity Dialogue <input type="checkbox"/>	
	Movie/Cinema Showing <input type="checkbox"/>		Theater of Oppressed Event <input type="checkbox"/>	Local Monitor Exchange Visit <input type="checkbox"/>	
Database Code:					
Target site:					
Venue:					
Date:		Time:		Duration:	
Total participants:		Male:		Female:	
Participants from Marginalized Groups	Disabled	IDPs/Refugees	Religious/Ethnic Minorities	Low-income/impooverished	Other
	<i>Approximate number:</i>	<i>Approximate number:</i>	<i>Approximate number:</i>	<i>Approximate number:</i>	
Identification of some external participants	Name:				
	Job:				
	Contact:				
	Not Applicable <input type="checkbox"/>				



Target group (Outreach & events only)	Local People <input type="checkbox"/>	Women's Group <input type="checkbox"/>	CSOs/ NGOs <input type="checkbox"/>	Community Development Council <input type="checkbox"/>	Provincial Development Council <input type="checkbox"/>		
	Youth Group <input type="checkbox"/>	Labor Union <input type="checkbox"/>	Ulama Council <input type="checkbox"/>	Students <input type="checkbox"/>	Teachers <input type="checkbox"/>		
	LMs/Ls <input type="checkbox"/>	Government Officials <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>				
Topic(s)/ issues discussed							
Participant comments/ feedback or next steps							
Distributed material	DVDs <input type="checkbox"/>	Brochures <input type="checkbox"/>	Books <input type="checkbox"/>	Magazines <input type="checkbox"/>	Calendars <input type="checkbox"/>	Manuals <input type="checkbox"/>	Nothing Distributed <input type="checkbox"/>
Catering	Food <input type="checkbox"/>		Refreshment (drink) <input type="checkbox"/>		None <input type="checkbox"/>		
Pictures taken	Yes <input type="checkbox"/>		No <input type="checkbox"/>				
Participants List	Yes <input type="checkbox"/>		No <input type="checkbox"/>				
Survey before training	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Not Applicable <input type="checkbox"/>		
Survey after training	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Not Applicable <input type="checkbox"/>		
CBM-H Coordinator(s)	Name:			Contact:			
	Name:			Contact:			
	Name:			Contact:			
	Name:			Contact:			
Form administration Name (N) Signature (S) Date (D)	Filled by:		Received by:		Verified by:		
	N:		N:		N:		
	S:		S:		S:		
D: / /		D: / /		D: / /			



Appendix: Preparing the CBM Database

The community-based monitoring database serves as the central hub for the technical and analytical facets of all CBM programs. It is used to record a wide range of data, including regular monitoring information, community actions, Sectoral Monitoring Group decision-making, and problems found and fixed. Importantly for progress reporting, the database offers multiple functionalities for data analysis, enabling users to examine data across different variables.

If your organization is initiating community-based monitoring for the first time, you may want to consider using Integrity Watch's CBM database rather than setting up your own. **Please discuss your requirements with Integrity Watch's MEAL team.**

If creating your own database for CBM-H programming, your MEAL team and field expert(s) will need to discuss and identify the key indicators that are to be monitored across CBM-H projects. The various tools in this CBM-H Toolkit will serve as a guide: you can refine the lists according to priorities and program capacities.

Once the monitoring tools are finalized, the database specialist configures the database to align with the agreed indicators and specifications.

The MEAL team will then need to guide the CBM-H field team on how to input the data and upload files (such as PDFs and photos) onto the database.



General Notes on the IW Database and Functionality:



In the field, both paper-based forms and mobile apps are used to collect data from community-based projects. Paper-based data are transferred manually to the database, while app data (from the ComMon-Health App) uploads automatically. Additional files such as photographs and PDFs can be uploaded as needed.



The data are reviewed and verified or rejected by different users, as assigned. Only verified data is accepted as valid data in the database.



The database can create reminder prompts for Local Monitors regarding unresolved problems for each subsequent site visit. (The Local Monitors will often use their own CBM notebooks for this purpose.) Problems are marked resolved in the database either by an NGO staff member or by the Local Monitor in a mobile app, where available.



The database is a vital tool for analyzing progress not just of individual projects but also of multiple CBM-H projects, regionally and nationally. Findings are used in CBM-H reporting to local government and project donors, and for creating multi-year program impact assessments.



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