

SOCIAL ACCOUNTABILITY AND COMMUNITY BASED MONITORING AND PLANNING

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A. WHAT IS SOCIAL ACCOUNTABILITY?

Social Accountability

Social accountability is defined as an approach toward building **accountability** that relies on citizen engagement, i.e., in which it is ordinary citizens and/or civil society organizations that participate directly or indirectly in exacting **accountability**.

Conditions for Social Accountability

- Acknowledgement of entitlements within a rights approach – ‘Compact’ and ‘standards’
- Appropriate Mechanisms– ‘Health System’ ‘Resources’
- Availability of information for review – ‘Transparency’
- Mobilised communities/ active citizens – ‘Participation’ and ‘Voice’
- ‘Space’ for presenting review
- **Possibility of change** – ‘Remedies’ and ‘Redress’

Why are we interested in Social Accountability ?

- To improve programme effectiveness?
- To improve efficiency of development investments/ social sector spending?
- To reduce corruption?
- To improve social and economic development status of the poor and excluded ?

- To empower the marginalised?
- To challenge existing political relations/ formulations/ decision making in favour of the disempowered and marginalised?
- To increase democratisation and fulfillment/ enjoyment of rights?

Types of Accountability - 1

- Administrative Accountability – MIS, Supervision, disciplinary action
- Financial Accountability - Audit
- Political Accountability – election, parliamentary oversight
- Legal / Judicial Accountability – Consumer law, Criminal law, Public interest law
- Social Accountability –Community monitoring

Types of Accountability-2

- Horizontal Accountability – e.g
 - Institutional/ Administrative Accountability – review by Government agencies (Departmental review, Audit).
 - Political accountability to Parliament (Parliamentary Questions, CAG report).
- Vertical Accountability – Accountability to Citizens – e.g.
 - Vote. / elections
 - Public Accountability to ordinary citizens (Public Hearing).
- Hybrid Accountability – Where both mechanisms are working eg.
 - Common Review Mission,
 - Community Monitoring of NRHM

B. Social Accountability in Health Services and Health Care System

Why understand Health systems?

- To organise community accountability actions effectively, knowledge of health system is essential
- To ensure people's access to quality health services, changes in health system are required which need an understanding of the system

Question

In a remote, adivasi district a woman in labour did not get any care in the local PHC. She went to taluka/sub-district hospital. They did not give any attention and was referred to the district hospital. She died while being transported from the sub-district hospital to the district hospital.

What would be your response about the main problem as:

- A local community activist
- District civil surgeon
- Overworked contractual doctor in sub-district hospital
- Local MLA
- State level researcher on women's health issues

What is a health system?

- A health system is the sum total of all the organizations, institutions and resources whose primary purpose is to improve health.
- The combination of resources, organization, financing and management that are organised for delivery of health services to the population.

Levels of analysing a health system

Health policy

Health legislation

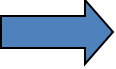



Health programmes

Health care delivery
structure

Implementation:
Health care access and quality

Health outcomes

Main levels of Health system

- | | | |
|--|---|--|
| 1. Health care providers and facilities |  | 1. Provision of services and regular activities |
| 2. Middle level administrators and officials |  | 2. Routine supervision and administration |
| 3. State level administrators and officials |  | 3. Decision making at more complex and higher levels |
| 4. State and national level policy makers |  | 4. Policy making and programme design |

C. Community Based Monitoring
(CBM) as a method of social
accountability in health

What is Community Monitoring?

Community Monitoring (also called citizen oversight or social accountability) is a set of activities, or a process, which is conducted by communities or a group of community representatives to understand the accessibility, quality and effectiveness of public services that the community is entitled to.

Some assumptions of accountability for Health care system

- Building justification and arguments for framing demands for health rights
- Collecting information and organising participatory surveys
- It will increase citizen's participation in making making health care system more democratic, transparent and accountable
- Accountability is linked with responsibility – help citizens fix responsibility of providers / officials at various levels to make specific demands
- Following up issues through various levels of the health system
- Facilitate developing strategies and processes to tackle more systemic and structural issues to improve the system

Why should health officials and political leaders promote community action for accountability?

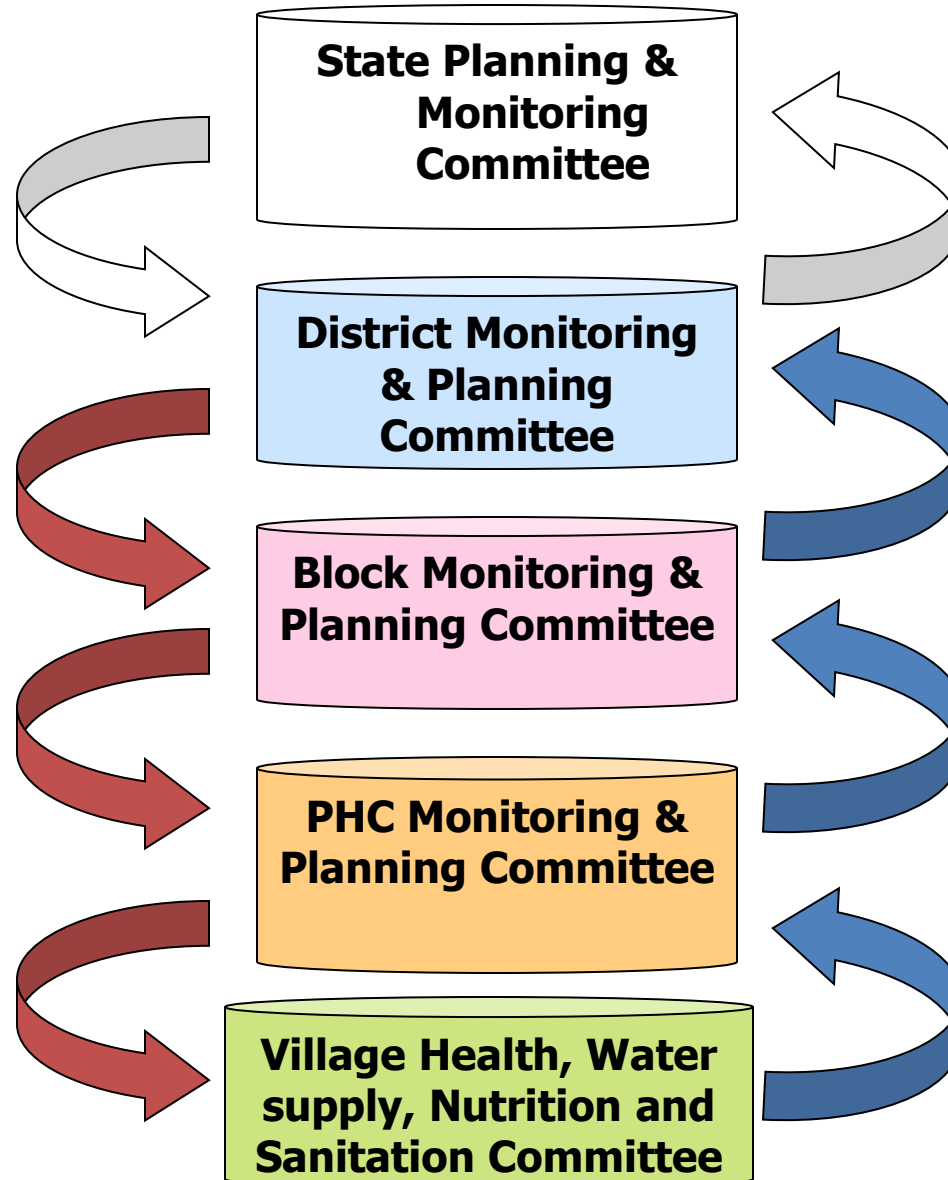
Because –

- People's active involvement increases their awareness and utilisation of services
- Community feedback and communication significantly helps to improve the delivery and quality of services
- Community action builds wider ownership and social momentum for improvement of public health services
- Participatory processes significantly improve local health planning

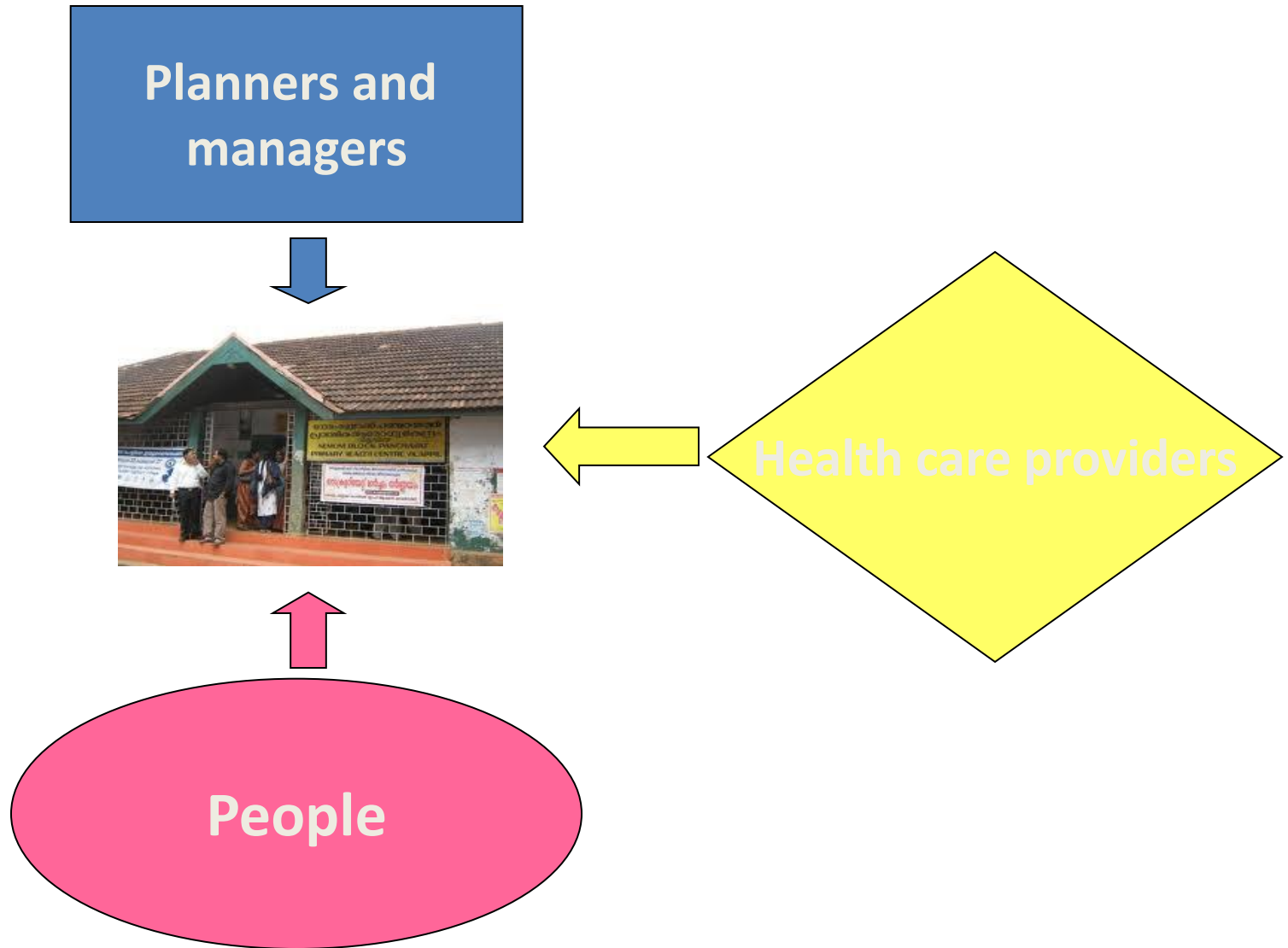
Processes of CBMP

1. Community mobilization for health awareness
2. Understanding policy and implementation gaps in the community
3. Developing community enquiry tools
4. Process of community enquiry using tools (data collection)
5. Collation and consolidation of the data - Preparation of Report (Report Card)
6. Sharing and dissemination for advocacy and improvement of the health care system

Levels of committees for Feedback & Action



Different views of Health services



Some characteristics CBMP

- It is not an event or series of events
- It is a continuous process of mobilising, empowering and engaging citizens with health care system
- All the components of the process are important and are inter-related
- It is a citizen centric process and not expert centred process. Therefore it is part of the empowerment process of the communities
- Effective representative committees of citizens at various levels in monitoring and planning is crucial for this process

Changes through CBM processes

Some Examples from Maharashtra

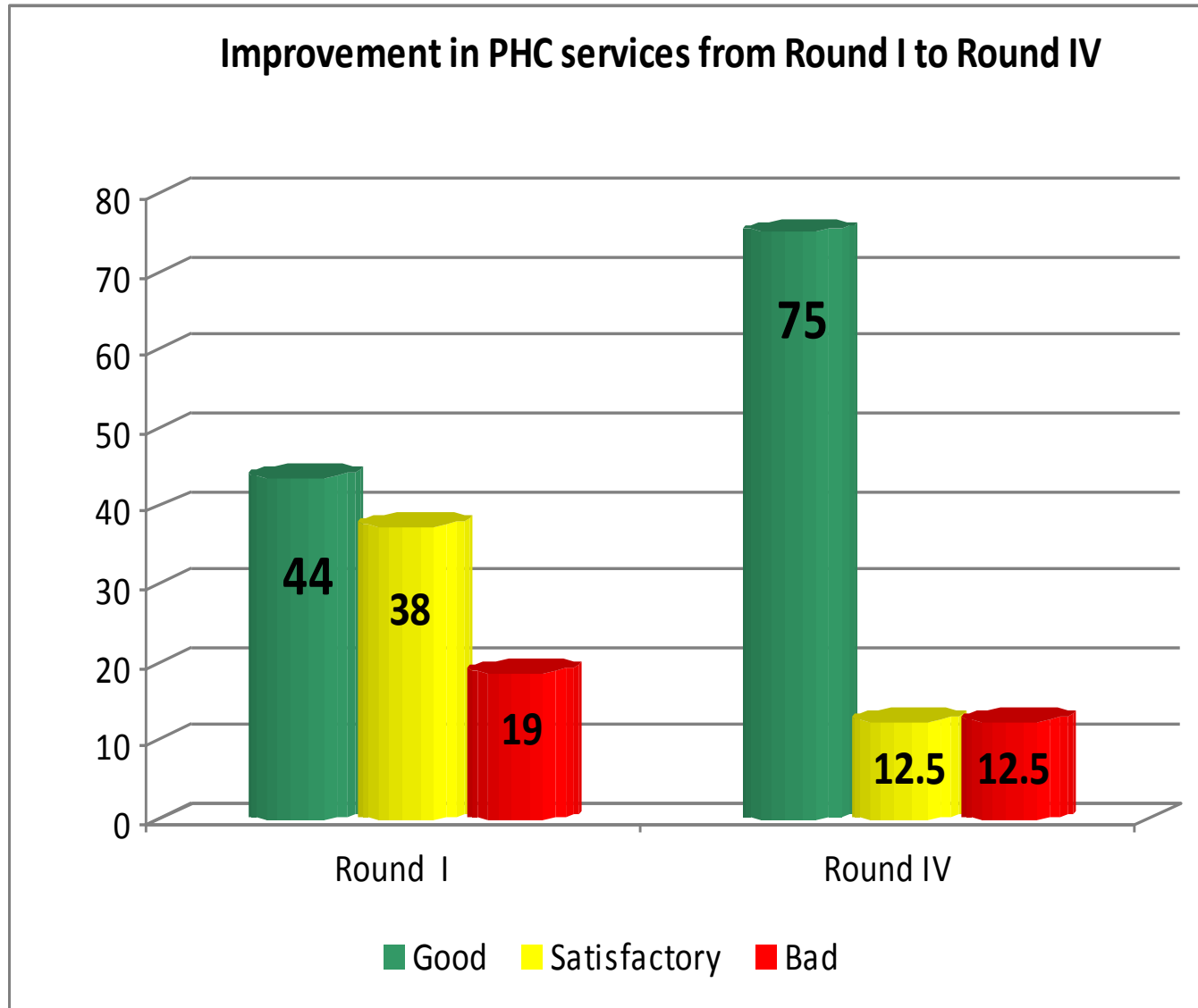
Significant improvements in health services in CBM areas

- Practice of PHCs **prescribing medicine from private shops has largely stopped**
- **Illegal charging** by certain medical officers **has now been checked**; challenging corruption
- **Frequency of visits** of ANM and MPWs in villages has led to improved village health services in many villages
- Definite **improvement in immunisation coverage**
- Non-functional sub-centres, mobile units, lab facilities now started functioning



Significant rise in outpatient, inpatient utilisation in CBM areas

Significant improvement in PHC services in CBMP areas



‘Reclaiming’ Panchayat representatives

- Panchayat members now are taking active role and contributing to both community monitoring and planning
- Major role of Panchayat members in CBMP committees – making surprise visits, ensuring actions
- Zilla Parishad members have ensured action and funds in some cases
- Over 75 PRI members participated in State culmination workshop in July 2012
- Four ‘Sarpanch melavas’ in 2014



Dalit sarpanch uses CBM to 'reclaim' services by ANM

In Hargude village of Purandar block in Pune district, a Dalit activist was oriented by a facilitator of MASUM through the CBM process regarding health entitlements.

He realised that the ANM was not visiting the Dalit hamlet of his village. The ASHA was also not coming to the Dalit hamlet to inform about immunisation. He raised the issue in a Jan sunwai where the ANM had to respond.



सभामध्ये देखरेख प्रक्रिया, ग
माहिती जाहीर केली जायची.
समा व चर्चामध्ये आम्ही दलित
बोलायला सांगायची.
अशाच आरोग्य सभेत सुनिल
फिरत नाही, पाण्याचे नमुने
डरावीक घरांमधील हॅण्डपॉम
मुद्रामधील भेदभा
आला नव्हता
सुनिल या
मांडण
नाब
पुं
घर
तेक
पल्लं
जा
f

Now the ANM is visiting the Dalit hamlets regularly and sees patients there.

Adivasis obtain village untied funds

- In Nandurbar district, 73 forest villages inhabited by adivasi communities were not receiving untied fund since 2005 since they are not 'Revenue villages'
- Issue raised through CBM process at district and state levels; State NRHM proposed to MOHFW but rejected
- Persistent advocacy has led to granting Village untied funds to all these villages in 2013-14
- In Thane and Nandurbar, due to CBM now ANMs visit adivasi hamlets which they were not visiting earlier. Inclusion of adivasi members in rogi kalyan samitisw (RKS)

Challenges for CBM

Health system features which may hamper accountability

- Large numbers of contractual staff with limited skills and motivation
- Targeting of health services by BPL / APL division
- Direct and indirect privatisation – lab tests, medicines to be procured by payment outside the facility
- ‘Public private partnerships’ which force people to pay for services or weaken the public health system
- Narrowly targeted vertical programmes (e.g. Family planning and Pulse polio) which draw away major resources from people’s health needs and priorities

**SOME OVERARCHING ISSUES
RELATED TO HEALTH SYSTEM
DESIGN AND FUNCTION**

**Inadequate funds,
staff and materials
due to structural
adjustment and
larger financial
policies**

**Health sector
reforms,
privatization,
commercialization,
segmentation of
health systems**

**Centralisation /
decentralization of
planning and
decision making;
Donor influence
on policy and
programme design**

**Corruption and
levels of
accountability,
Nature of political
intervention at
various levels**

Private Sector Domination

Unregulated private sector

**Underfunded,
poorly managed
Public sector
Absenteeism,
neglect**

**Weak referral
linkages within
public system**

**Lack of medicines
and diagnostics,
poor maintenance**



**Legal and illegal
private practice**

**Patients channelised
to private hospitals**

**Flourishing private
diagnostic centres
and medical stores**

**Poor quality of public
health services**

**High costs and irrationality
in private medical care**

CBM Methods

Social Accountability Methods ..1

Community Score Card

- Intensive Community Engagement in all steps
- Main focus is to understand community experience of services
- The methods are suited to community use
- The analysis and reporting is made community friendly (traffic light based comparison)
- Public sharing of information

Social Audit

- Comparison of government data to community experiences
- Access to government documents related to service delivery is necessary
- Requires active facilitator engagement - More technical in its implementation
- Community experience of services is a key focus
- Community is a key partner
- Public sharing of information

Social Accountability Methods ..2

Expenditure Tracking

- Availability of Financial Information in Public Domain and Law on Information Availability
- Technical Capacity to analyse Financial information and relate it to performance of public systems
- Citizen engagement is desirable
- Public Sharing of Information

Facility Survey

- Clear guidelines about services standards and availability
- Convert guidelines to simple checklists to facilitate review
- Committee/ space for review of facility performance
- Civil society participation in facility review process (HMC, RKS)

Social Accountability Methods ..3

Community Maternal Death Review

- Primarily focussed on Maternal Health – but indicates health system capacities
- Since it includes the review of ‘death’ it can be a powerful review mechanism
- Requires medically qualified members on the team
- Requires clear guidelines on service delivery package to be converted into enquiry protocol – can be complicated
- Requires access to medical records
- Can Involve community in the identification and analysis of maternal death – protocol needs simplification
- Can include social and medical causes of death
- Death is a relatively rare phenomenon
- How to share the information – public or in committee room ?