

COMMUNITY ACTION FOR HEALTH

Bringing public into public health

Social audits ensure local health services stay accountable to people: Jharkhand, Meghalaya and Uttarakhand show the way

Social audit – the process that empowers people, the beneficiaries of any programme or scheme, to review it – is a powerful tool to promote community's awareness, ownership and monitoring of services. In India, social audits began as a campaign in Rajasthan, with people demanding accountability from their elected representatives on the expenses incurred for developmental works. This and other such successful campaigns led to the enactment of the Right to Information Act (RTI) of 2005 and institutionalisation of social audits for the Mahatma Gandhi National Employment Guarantee (MGNREG) Act. Twenty-five state governments have since put in place an independent society – Social Audit Unit (SAU) – under the Department of Rural Development and Panchayati Raj to conduct social audits, and expanded SAU's scope overtime to audit a wide range of schemes and programmes.

Increased community engagement is a strategic thrust of the Ministry of Health and Family Welfare, Government of India, to secure the quality, accountability and effectiveness of public health services. The National Health Policy 2017 stresses on community-based monitoring and planning (CBMP) to enhance people's role in health governance. The National Health Mission (NHM) implementation framework recommends accountability mechanisms, including participatory community processes like social audits through Gram Sabhas and Jan Sunwais/Samvads, to improve programme oversight.

As part of its efforts to bring people's voice into health delivery and planning, the Advisory Group on Community Action (AGCA) facilitated state NHMs to partner with SAUs in Jharkhand, Meghalaya and Uttarakhand for piloting social audits for health.

This brief describes how the social audit pilots increased community awareness and participation in monitoring local health services.

The learning from social audit pilots can inform the mechanisms to monitor Ayushman Bharat initiatives to provide comprehensive primary health care through Health and Wellness Centres (HWCs) and free health coverage to India's poor and vulnerable populations through the landmark Pradhan Mantri Jan Arogya Yojana (PM-JAY).

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INNOVATION SERIES

Three states demonstrate social audit as a mechanism for community oversight of health services

CONTEXT

NHM conducted the social audit pilots as part of its Community Action for Health (CAH) strategy, which places people at the centre of the health system/process to ensure local health services remain accountable to people and fulfil their health needs. Population Foundation of India (PFI), which hosts AGCA, provided technical assistance to the partnerships between state NHMs and SAUs for the pilots.

INTERVENTION

The implementation mechanisms and processes for social audit of health services were common across the three states, as briefly described below.

A. Preparatory and facilitative processes

- 1. MoU between NHM and SAU:** State NHMs in Jharkhand and Uttarakhand signed a memorandum of understanding with the respective SAUs – the SAU under Jharkhand State Livelihoods Promotion Society (JSLPS) and the Uttarakhand Social Accountability and Transparency Agency (USSATA) – to conduct social audit of health services. NHM provided funds to the two state SAUs for the exercise. In Meghalaya, the processes are institutionalised under the state's unique legislation, the Meghalaya Community Participation and Public Services Social Audit Act 2017. Here, the governing body of the Meghalaya Society for Social Audit and Transparency (MSSAT) approved the social audit and used its own resources for the exercise.
- 2. Development of resource materials and tools:** Detailed technical discussions were conducted at the state level to develop data collection tools in the context of each state, involving all concerned programme divisions. The NHM parameters under the social audit process and checklists were finalized.
- 3. Training of district, block and village resource persons:** Resource persons of the SAU in each state were oriented on communitisation processes, the services provided at different tiers of health facilities, community monitoring tools and operational steps in social audit; trainings were facilitated by NHM with support from AGCA.

B. Field implementation

- 4. Awareness building at the community level:** The community was sensitised about the various health schemes of the government, their health service entitlements and the monitoring checklist. The community was mobilised through discussions with VHSNC members and meetings at the panchayat level.

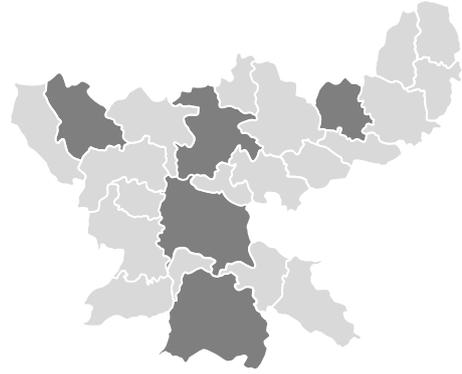
- 5. Community monitoring and feedback:** The processes for community monitoring included door-to-door interactions and verification of beneficiaries; focused group discussions in the village, including women, adolescents and the general public, to identify the larger issues faced in accessing health facilities; personal interviews with beneficiaries, such as women who had availed maternity services, to understand their experience; interviews with doctors to grasp facility-level challenges; observations and verification of records available at the facility. Based on these interactions and observations, village level report cards were prepared. Village resource persons, mostly comprising self-help group members and youth, shared the report card in village meetings to incorporate the community's feedback. A wide range of issues were highlighted from different regions, such as non-payment of Janani Suraksha Yojana (JSY) incentives to beneficiaries, denial of health services, practices like patients being asked to pay unofficial charges, out-of-pocket expenses on health and lack of staff trained for providing diagnostic services.
- 6. Social audits at panchayat, block, district and state level:** The community processes culminated in Jan Samvads at panchayat/Gram Sabha and block levels to discuss and resolve the identified issues. Large numbers from the general public, Village Health Sanitation and Nutrition Committee (VHSNC) members, frontline health workers, PRI members, Block Panchayat Pramukhs (Heads), Medical Officer In-Charges (MoICs), Block Development Officers, NGOs and teachers, among others, attended Jan Samvads at the block level. The identified issues were discussed and corrective actions taken at these forums.

Any unresolved issues were presented at the district-level Jan Samvads organised subsequently. These Jan Samvads were attended by the general public and VHSNC members, health facility staff and state and district NHM officials. Issues were discussed, corrective actions identified and a clear timeline given to block and district level officials to address the issues. A state-level Jan Samvad was also organized in Jharkhand under the chairmanship of NHM Mission Director. It was attended by over 250 participants, including community representatives, Civil Surgeons, MoICs, district and block personnel, ANMs, ASHAs and State Nodal Officers from different departments to address systemic issues. Key policy decisions – such as CCTV camera installation in all district hospitals and Community Health Centres (CHCs) and restrooms for ASHAs in all district hospitals and CHCs within the next 30 days – were taken at this forum.

PILOTING SOCIAL AUDIT FOR HEALTH SERVICES

JHARKHAND

- Piloted in **5 districts** (450 villages in 20 blocks)
- **151 social auditors trained**
- **106 public hearings** conducted (80 at panchayat level, 20 at block level, 5 at district level and 1 at state level)
- **~15,000 community members participated** in public hearings



Being scaled up to 20 additional blocks in the 5 pilot districts

MEGHALAYA

- Piloted in **11 districts** (2,161 villages in 13 blocks)
- **330 social auditors trained**
- **1,996 public hearings** conducted (1,985 at panchayat level and 11 at block level)
- **~1,50,000 community members participated** in public hearings



UTTARAKHAND

- Piloted in **1 district** (3 blocks)
- **40 social auditors trained**
- 4 public hearings conducted (3 at block level and 1 at district level)
- **~450 community members participated** in public hearings



Being scaled up to 30 blocks across 13 districts

SOCIAL AUDIT FOR HEALTH

The pilots have demonstrated how social audits at the grassroots level can deepen democratization of health services and bring people's voice into health planning and implementation.



IMPACT

The pilots in three states have demonstrated the effectiveness of social audit as a platform to build awareness on health entitlements, promote ownership by PRIs and enable better fulfilment of community's health needs. The social audits identified gaps and issues and enabled time-bound resolution. While the immediate result is strengthened local health facilities, recommendations also travel up to the district and state level, facilitating evidence-based policy change. The illustration below represents a few examples from the pilot states, where feedback from the ground led to corrective actions.



SOCIAL AUDIT FINDINGS PROMPT CORRECTIVE ACTIONS: A FEW EXAMPLES

ISSUE HIGHLIGHTED BY THE COMMUNITY

CORRECTIVE ACTIONS

Jharkhand

Dilapidated condition of primary health centres (PHCs) and sub-health centres (SHCs)

Decision to make budget provision in the state PIP (FY2020–21) for repair of PHCs and construction of SHCs

Meghalaya

Irregular VHSNC meetings; some VHSNCs had not received untied fund for FY2018–19

Several VHSNCs had not submitted utilisation certificates (UCs); ASHAs were asked to submit the UCs to facilitate release of funds to the concerned VHSNCs

Uttarakhand

In some facilities, medicines were being prescribed on blank paper and patients being asked to buy medicines from outside

Facilities instructed to display citizen's charter and regularly update an essential drugs list. District officials have begun making local procurement, apart from state supplies, to provide medicines free of cost to patients

LESSONS LEARNED

- Use of independent agencies is critical to objectively identify the issues at the community level and bring transparency to the exercise. Engagement of SAUs with their mandate and experience helped state NHMs get external feedback on how well the public health facilities were delivering the intended services.
- Social audit processes should be multi-tiered and focussed on time-bound actions and decisions, especially at the district and state level to address larger systemic issues.
- Community monitoring and audit processes help build PRI members' understanding and engagement on health and can enable leveraging of resources from Gram Panchayat Development Plans to bolster health services.
- Social audits provide feedback and deep insights into community-level issues and aspirations. This feedback is useful for the health system to make course corrections through policy decisions. The

insights have an immense potential to shape and prioritise allocations in the state and district project implementation plans (PIPs).

THE WAY FORWARD

The imperative for evidence-based health care requires that planning and implementation remain flexible and responsive to the real needs of people, an objective that community monitoring can help achieve. Encouraging results from Jharkhand, Meghalaya and Uttarakhand have shown that social audits can help enhance community participation and monitoring of health services as well as escalate issues to the appropriate decision-making level for corrective action. The positive outcomes have generated confidence in the state health leadership, resulting in decisions to scale up social audits for health to 20 additional blocks in the 5 pilot districts in Jharkhand and 30 additional blocks across 13 districts in Uttarakhand.



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