



## **Escalating community-based accountability processes through Multi-sectoral Social Audits (MSA)**

### **Learning, reflections and insights from the grassroots of Maharashtra, India**

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## Background-

Despite the proliferation of elected governments around the world, the promise of responsive governance remains elusive for many. Formal institutions of political accountability are often weak or flawed. In response, social accountability strategies attempt to improve delivery of services through a wide range of state-society interfaces that encourage both citizen voice and government 'answerability'—including public oversight agencies, open government reforms, collective action, policy monitoring, grievance redress mechanisms and/or power-sharing councils.

In India, two parallel streams of right-based reforms came together in Maharashtra—the Community Based Monitoring and Planning of Health services under National Health Mission and long tradition of Social Audit under National Employment Guaranteed Scheme.

However, along with their impact towards improving service delivery and ensuring accountability of public systems, in practice after more than a decade of diverse initiatives, some critical questions and limitations about their effectivity, sustainability, replicability and institutionalization need to be addressed.

Hence, an attempt was made to develop advance synergic method of community based accountability i.e. Multi-sectoral Social Audit (MSA) of Public Service. Indeed, articulated insights and experiences of MSA in this article would be valuable for activists and community practitioners to leveraging their rights-based work.

## Summary of key findings-

- ▶ The experiences and outcome of the pilot shows that Multi-sectoral Social Audits can be applied as an effective strategy to enhance implementation, expand beneficiary base and strengthen the overall coverage of public services.
  - ▶ It is also seen that such a community-led monitoring initiative becomes effective when there is integrated approach where social services should not be compartmentalized. The services and issues related to them are interlinked with each other. Hence MSAs has shown its significance in terms of how social services can be monitored in an integrated manner.
- Notably, some government officers and frontline workers shared that social audit provided them a platform to raise their issues before the public as well as within their hierarchical structure. This also has a positive bearing on service delivery.
- ▶ The multi-sectoral conversions contributed in improving interdepartmental coordination among various services providers at local level and also provide a mechanism to escalate community accountability processes from the grassroots to higher levels (i.e. block level) by engaging and building consensus for executing



integrated actions among diverse group of stakeholders and decision-making bodies.

- ▶ Village groups are not only able to conduct MSAs but also to take follow-up actions and sustain the results. NGOs, on the other hand, played an important role of building the capacities of group members and facilitated their effective reach to the block and district level officers. Active involvement of NGOs, upholding rights of people and working within a right-based perspective, is crucial to autonomous and community-led social audit process.
- ▶ Therefore, NGOs and people's organizations should be an integral part of any social audit initiative designed by the government. Their involvement is crucial to keep the core values of the social audit intact while upscaling it. It is essential for the present public mechanisms, be it Social Audit Unit or State Comptroller and Auditor General, to make space for NGOs by taking their role into account.
- ▶ Government of Maharashtra should think of a comprehensive legal framework for multi-sectoral social audits and also set up an independent system for its implementation with proper provision of funds.



## From Community Based Monitoring to Multi-sectoral Social Audit-

Community Based Monitoring and Planning (CBMP) of health services is the most extensive community accountability initiatives in the health sector in India today, developed within the framework of the National Rural Health Mission (NRHM).

The aim of the CBMP process is to ensure regular feedback and accountability in the process of strengthening health services. It is also seen as an important aspect of promoting accountability and community-led action in the field of health. Since 2007, the CBMP process in the western Indian state of Maharashtra is being implemented under NRHM covering 860 villages in 13 districts at present, based on facilitation by around 25 civil society organizations.

Overall, there are much greater positive appreciation of the positive impacts of the CBMP process which is making the public health system accountable at grassroots level, while inducing a wide range of concrete improvements in its functioning.

However, there are various concerns regarding the CBMP process; mainly, how to ensure sustainability of the process through consolidating broader social ownership, how to move towards institutionalization of processes in consonance with NHM and constitutionally elected structures called as Panchayat Raj Institutions (PRIs), and how to operationalize a more generalizable model of community action for Health in Maharashtra. Hence, addressing these concerns, the MSA process has been evolved and implemented in selected 3 districts of Maharashtra.

The MSA is a community-based accountability process towards bringing multiple public services such as health,

education, nutrition, food security etc. under umbrella of social accountability. The main objective of MSA is to improve delivery of public services through social audit.

The concept of MSA was adopted from the initiative of Meghalaya state where the state framed a special law in 2017 '*Community Participation and Public Services Social Audit Act*'. Hence, by taking inspiration from Meghalaya, Support for Advocacy and Training to Health Initiatives (SATHI) and community-based organizations initiated the MSAs on pilot basis. Hence, the learning shared would be considered as a civil society initiative. especially in comparison with governmental initiative in Maghalaya state of India.

### What happened in the MSA process?

The focus of MSA was to build upon and leverage the experience of CBMP to sectors beyond the health and thus address people's multiple concerns together.

Hence while operationalizing the MSA process, the emphasis was on partnering with block level grassroots civil society organizations mainly working with rights-based approach and extensive experience of implementation of CBMP process.

Indeed, the conceptualization and action plan were discussed and developed in consultation with three CBMP field partners – 'Aamhi Aamchya Arogyasathi' from Gadchiroli, 'Astitva' from Solapur, and 'Manavlok' from Beed district. The MSA process was implemented in total 30 villages i.e, 25 CBMP and 5 non-CBMP covered villages (Ten villages each from one block by each

organization).

All intervention areas (district, block and villages) were selected focusing on areas which are remote, having more marginalized/tribal communities with poor socio-economic conditions. Also, villages where organizations are having long association with local communities; working relationship and regular interaction with local service providers and block level officers; villages are covered under CBMP process but in one area non-CBMP covered villages also selected.

The MSA process initiated by field partners with identification of public sectors and services for MSA process in each selected village. Activists from field partners conducted corner meetings with actual or potential beneficiaries of various schemes, members of various existing committees on health, education, nutrition formed by village council i.e. gram sabha, local service providers etc. and public services were listed.

The criteria for sectors and services identification was mainly to take public services which were directly linked with the life/livelihood of people, also linked with social determinant of health. Hence in selected areas, the public sectors and services such as health, education, nutrition and food security were identified.



During the identification process in each village, the Village Social Audit Group (VSAG) was constituted in each village, consisting of around 8-10 community members. The idea behind formation of this group was that the membership of the group remains open to all those willing to work for a social cause and to devote time for it.

To make it inclusive, the group included men, women from all socio-economic sections of society. Members of local women's groups and youth groups may also be involved. Having government servants (teachers, agricultural experts etc) retired or those working in other villages is useful. Being familiar with the system their involvement helps in the social audit process. The group should not include elected representatives, local leaders and government functionaries, as these stakeholders were part of execution as well as in the decision-making process related to service delivery.

The VSAG were empowered by regular, systematic and continuous capacity building

sessions which were carried out by SATHI team members, followed by collection and compilation of recorded information related to selected social services from the concerned service providers through formats.

Activists and VSAG members analyzed collected information to identify the issues for independent social audit verification. Various ways such as visit and interaction with each listed beneficiary, documenting their experiences about received services, visit to institutions like child care center i.e. anganwadi, health sub-centre, school etc. and verified the received information physically; meetings with communities for taking feedback about the services.

During independent social audit verification process, two major insights were gained. On one hand, there was some discrepancies in government recorded data observed, ***please see box 1- as an example of discrepancy found in government data.***

### An example discrepancy identified in government data during independent social audit verification process

#### Box 1

Pradhan Mantri Matrutva Vandana Yojana		All 3 instalments received		2 instalments received		First instalments received		None received	
Block District	Total eligible women in the year	Health Dept. Data	Verification Data	Health Dept. Data	Verification Data	Health Dept. Data	Verification Data	Health Dept. Data	Verification Data
Kurkheda, Gadchiroli	55	12	7	38	11	48	14	7	41
Ambejogai, Beed	98	—	13	—	29	—	40	—	58
Sangola, Solapur	117	87	16	98	27	99	30	18	87
Total	270	99	36	136	67	147	84	25	186

The independent social audit verification process brought out the gap between the promises and reality. The **Pradhan Mantri Matrutva Vandana Yojana (PMVY)** data in the table above strikingly shows the reality of the benefits reaching the people is far less than that claimed by the department. The data is related with total 270 women in 30 villages in 3 districts who were eligible to get benefit in the year. The number of women receiving all three instalments was said to be 99 women by the health department, while it came out to be 36 women in verification. Similarly, numbers of women getting two and one instalments are 136 and 147 women respectively as the health

department data, but were seen to 67 and 84 women respectively, roughly fifty percent less, through the verification. Number of women not receiving the benefit is 25 according to the health department, which is 186, almost seven times more, as per the verification.

On the other hand, some of the issues were resolved during verification process while interacting with communities and service providers, **please see box 2, as an example in the form of story.**

Followed by an independent social audit verification process where physical, records verification was done by VSAG independently,

## Box 2

### Some issues got resolved either during the data collection and during independent social audit verification:

In Pathanmandav village of Ambajogai, the VSAG decided to conduct the audit taking the information on public distribution system i.e. ration services. The village ration shopkeeper used to dispense only 50% of the food grains that the villagers were entitled to and made bills for 100% of the entitlement. He used to not provide the villagers with the bills. One of the members of the VSAG asked for the bill after taking ration. To this, the shopkeeper started avoiding the demand and by saying “Don't I give you ration”, tried to get the group member on his side. Online registered and non-registered offline ration cardholders were being dispensed ration in different ways. Bills were not being given. The VSAG members complained about this to the government officer i.e. Tehsildar. When the concerned authorities visited the village, the federation group assembled many villagers. The authorities were not adequately answering the villagers' questions. Some villagers started to record this on their mobile cameras. That was when the authorities got to work and resolved the issues. The shopkeeper assured that here onwards everyone would be given 100% of their ration entitlement along with the bills. The news of this success spread to the other villages as well. Since the issues related to ration distribution is close to the hearts of many, villagers from all around started enquiring as to how this village had managed to crack the solution to it.



the preparation for public hearing was initiated by VSAG to conduct a mass village level dialogue with service providers, The appeal for participation of communities in public hearing was made through various ways such as by distributing pamphlets, displaying posters at public places, public announcements, continuous announcement via hired auto rickshaw in public places etc.

For mass public hearings, a poster discussing issues analyzed by the VSAG about the information obtained from the government and actual independent social audit verification was prepared. This poster was displayed and presented at the public hearing. The service providers, higher level officials from each social department and village elected members were invited. Indeed, due to presence of people, elected members and higher officials, the services providers were obliged to provide satisfactory answers on the questions asked by people.

During the public hearing, planning of local funds was done for resolving the raised issues which are pending due to non-availability of required funds. The village level public hearing contributed in not only resolving the local issues

but also helped in getting recognition and identity to the VSAG members in village.

As the follow up was critical and important, the field partner organization immediately organized meetings of VSAGs where they have taken responsibility to do follow up of decisions taken in public dialogue as well as plan for meetings with government officials.

### Escalating the MSA process by applying various and continuous follow-up tactics-

In order to include and intervene all levels from village to block the MSA process, especially on issues raised in the above-mentioned steps, the VSAG raised the local un-resolved issues in existing constitutional forums like village council i.e. gram sabha and monthly meeting of members of village council i.e. gram panchayat members. Meetings between VSAG members and higher-level officials such as medical officers, block development officer etc. to share decisions taken in villages as well as presented higher level issues which requires action by them. **Please see box-3, as an example of escalation in the form of story.**



## Box 3

**An example of escalation- how local issues have been taken forward at higher level*****Sugaon village : Lack of planning of local funds raised and addressed at block level***

A total population of 2800, with a mix of Hindu and Muslim population, Sugaon is a village in Ambajogai taluka. It has two zilla parishad schools – one Marathi and one Urdu medium. There are 3 anganwadis and one well-provisioned health centre. The VSAG had obtained information regarding these public services as well as on the funds of 14th Finance commission from the Gram Panchayat. The verification process was started from the Urdu medium zilla parishad school. While noting down information as per the format, even the principal of the school expressed his issues. There were many problems regarding the basic facilities in the school.

The open space in front of the school which can be used as a playing field did not have a compound wall because of which many small, as well as big vehicles were being parked in this space. The school had classes up to standard 8th but had lesser number of classrooms as per requirement since the construction work of two classrooms had been left halfway since 2012. No supply of water. The building of the English medium school was in a dilapidated state with no water supply here either. The toilets were non-functional. The principals of both the schools reported that despite them repeatedly complaining to the gram panchayat, the repairs have not been made.

The VSAG enquired with the village level officer i.e. gram sevak and learned that funds amounting to 27 lakhs were still remaining with the Gram Panchayat. Despite that, the gram sevak had no answer to why the funds had not been used to solve the issues of the school. Hence, it was a lack of proper planning and not funds emerged from this verification process. In spite of several rounds dialogue between gram sevak and VSAG, the issue has not resolved.

The VSAG decided to raise this issue at block level followed visited to block office and presented it to Block Development Officer (BDO). The VSAG members argued with BDO that in guidelines of 14th finance commission, these funds should be utilized after taking approval of gram sabha. And these demands have been discussed in gram sabha which was conducted during MSA process. VSAG also told BDO that these issues are based on community's needs and must be addressed through these unspent funds which are earmarked for the communities only. Eventually, the BDO immediately instructed to Gram Sevak to move file of approval for utilizing these available funds on repairing the schools.





Another tactic was of utilizing the State assembly election period for reaching out to elected members of the state legislative assembly. VSAG members and local field activists had meetings with potential candidate who contested state assembly election; they developed poster/pamphlet based on unresolved issues and presented it to candidates during public meetings, asked candidates to declare his/her stand publicly on these unresolved issues.

However, in spite of using various tactics for follow up, still some issues remain unresolved. Hence, VSAG felt a need of mass mobilization to amplify the voices for unresolved pending issues expressed in the village level hearings, the block level public hearing was planned. All concerned block level officials from line department and district level key decision maker- officer as well as elected member were invited.

Some of long pending issues which required inter-departmental coordination (like schemes having both health and nutrition components) were discussed and resolved, as officials from both line departments were present. The people and VSAG who attended the village public hearing, participated and raised their issues in the block public hearing.

In order to do follow up of decisions taken in public hearing and also to sustain the MSA process, VSAG federations were formed at block



level where representative from each VSAG were part of federation. Hence, the attempt was made to develop bridge between village and block by activating existing institutional and constitutional committees at village level followed by establishing collective action force at block in the form of federation of VSAG.

On analysis of the issues emerging from the social audit process underway in 30 villages, we find that these issues are related to a total of 7 public service departments. As mentioned,

in the above graph, most of the issues were from public health services (need repair and maintenance of sub-center, irregular visit of service providers, delay in payment of scheme to beneficiaries etc.) followed by issues related to nutrition (poor quality of supplementary food, mis-behavior of worker towards beneficiaries etc.) then education (need repair and maintenance of school, delay in getting monetary benefits, irregularity in receiving funds from government etc.) and village development (no houses and toilets for needy people in the village, no garbage bins and need to conduct cleanliness awareness campaigns etc.) It is also observed that most of the identified issues were local level issues that require action at local than higher level.

Hence, the follow up of these issues is being done at the village and block level. In which the local level issues were followed up by involving local decision makers whereas systemic issues were advocated by federation.

### **Block level federation of village groups in Ambajogai**

In order to ensure that the process of social audit be led completely by the VSAGs in 10 villages of Ambajogai Block, Manavlok constituted a block level federation of these groups. A letterhead in the name of this federation was prepared. All correspondence between this federation and local/block level government authorities for information-related

queries, public hearings and follow up of issues was conducted via the federation.

### **Engagement between the VSAG and an existing block level federation in Kurkheda block of Gadchiroli district**

There were many issues and decisions which requires higher level intervention at block and above. The VSAG used different strategy to engage federation for following it up. In Gadchiroli, local field partner organization and

most of VSAG members are also associated part of federation of health monitoring committees constituted under CBMP process. Hence, the un-resolved block and district level issues were discussed and federation had a separate meeting with block level officials where they submitted a memorandum to block health officer and child development program officer for addressing the higher-level issues related to maternal health and nutrition schemes. ***Please see box-4, details about block level federation in Gadchiroli district.***

#### **Box 4**

#### **Details about block level federation in Gadchiroli district.**

The Gadchiroli district is predominantly tribal and undeveloped, with farming as the main occupation. Forests cover more than 79.36% of the hilly geography of the district. The villages in Kurkheda block from Gadchiroli district come under Panchayats Extension to Scheduled Areas (PESA) Act. These villages are small and have combined village council i.e. group gram sabhas. But each gram sabha has decision-making rights.

Korchi block also has a unique feature. Since the year 2015, members of a few village council decided to form a block level federation of village councils i.e. mahasangh which would include 4 members each (2 male members and 2 female members) from gram sabha from neighboring village to form a local people's collective. This would help in representing a larger population to solve problems common to this region. This mahasangh has now expanded to a congregation of Gram Panchayat members from nearly 90 villages covering a population of almost 30,000 people. Because of this mahasangh, people are able to exercise their PESA and forest rights.

Aamhi Aamchya Arogyasaathi organised a study tour for the VSAG of Kurkheda and acquainted them with the process of the mahasangh. Because of this, people of Kurkheda have become empowered and are able to exercise their rights. The work of erecting an electricity tower was started through the forests of Yedapur and Aandhali villages with the permission of the district collector. But permissions for the same were not taken from the concerned gram sabhas. Therefore, mahasangh raised this issue with the concerned authorities and has asked to be compensated for the losses resulting because it.

The VSAG and federation worked together where the local level issues raised and addressed by block federation as well as the members of VSAG through MSA process. VSAG shared the positive results occurred through MSA process to local communities, this sharing

contributed in increasing and maintaining motivation of people for participating in future community accountability processes. ***Please see box 5, as an example of complimentary intervention done by VSAG and federation.***

**Box 5****A story of change occurred due to joint intervention by VSAG and federation**

Aandhali (Soan) is a village situated in the forests of Kurkheda block in Gadchiroli district. It has school up to 7th standard and students have to go to the school in Bhagwanpur for further education. A road crossing a brook forms a shortcut (a walkable distance of 2-3 km), for these students to traverse except during rainy seasons. During rains, this road becomes unusable and the alternate long road is not of walkable distance. Because of this, students used to miss school. Many girls had to drop out of school altogether. Hence, bus service was needed on the Bhagwanpur-Vadhona route, which was the village's demand for a long time. This issue was discussed in the VSAG meeting and the demand was placed in the federation of village council i.e. Gram Sabha and at the block office. Within a month, the bus service was started.

**Lessons Learned-**

The intended outcomes of both the CBMP and the social audit are the same, an aware community who is able to realize their rights and access their entitlements and service providers responsive and accountable to community needs, ultimately balancing the power!

However, the MSA strategy was designed based on an analysis of the limitations of the CBMP approach, which informed a series of propositions. The limitations vs propositions are as follows-

**Limitation 1-** It is challenging to sustain community-led action by focusing solely on health services. It was observed that people's enthusiasm to participate in accountability processes can be sustained when their collective efforts by community contribute to an incremental improvement. However, over the period, to maintain the enthusiasm and active participation became challenging in CBMP process, as health service-related issues are on less priority of community than other social issues like water, nutrition, food security.

***Proposition 1-** Keeping a broader focus, that is working on multiple issues of concern to people rather than a single issue, would increase and sustain people's participation and action.*

**Limitation 2 -** The CBMP process remained restricted to Village Health Nutrition, Water and Sanitation Committees (VHNWSCs) and could not contribute in strengthening, expanding existing democratic spaces established by the Constitution or government from local to state level such as Village Council i.e. Gram Sabha; village level elected body (Gram Panchayat); at block level public dialogue conducted by Member of Legislative Assembly; grievance redressal mechanism established by Government.

**Proposition 2-** Involvement of diverse group/stakeholders (individuals, organizations) in proposed multi-sectoral monitoring process will contribute in strengthening existing democratic spaces.

**Limitation 3 -** CBMP process remained an NGO-led process than a community-led one.

**Proposition 3-** There should be wider participation of community and need to go beyond committee centric approach, in order to form a pressure group of people mainly from local marginalized communities and activists of social organizations.

**Limitation 4-** The health system perceived that the overall framework of CBMP process as more confrontative than supportive, this led to hampering the process as well as the relation between activists and public health staff was unhealthy.

**Proposition 4-** Based on learning from decentralized health planning process, along with monitoring of services, intervening in effective utilization of local resources will contribute in not only resolving the issues emerging from monitoring process but also contribute in building rapport between communities and services providers.

**Limitation 5 -** Community based monitoring process have clearly been more effective regarding local health services (e.g. village, sub-centre, PHC levels). However, actions and decisions at the higher levels remained less amenable to community accountability processes. As a result, systemic issues being raised though the CBMP process, such as medicine procurement or staffing policies, were not effectively addressed in a timely manner.

**Proposition 5-** The policy and systemic issues need to be timely addressed with an active and responsive state level body.

### What happened to the above-mentioned propositions during implementation of MSA process?

**Proposition 1-** *working on multiple issues of concern to people rather than a single issue, would increase and sustain people's participation and action.*

- ▶ The attempt was made to cover various social sectors where mainly social determinants of health were taken for monitoring. The social services include health, nutrition, education, agriculture etc.
- ▶ Inclusion of various social services helped activists to understand linkages between other social services and health; not see health services issues in solo.
- ▶ MSA leverages the identity of activists and CSOs as an organization working beyond health services issues.
- ▶ In MSA, the data was taken from government services providers that not only helped in improving timely updating of the record keeping by service providers but also increased confidence of communities to ask questions on received government data.
- ▶ Increased awareness about entitlements followed by increased demand from beneficiaries and communities, led to increased responsive and implementation of services.
- ▶ There is major difference in data collection process between CBMP and MSA process. CBMP process collects information from community by asking their perception about health services whereas in MSA process the information was asked from service providers from their official records. This was followed by verification of government data through asking experiences of beneficiaries and communities.

- ▶ MSA process contributed in bring conversions among various social services, provided a platform to monitor the various social services at local level but also contributed in bringing the existing institutional monitoring bodies together.

**Proposition 2-** Involvement of diverse group/stakeholders (individuals, organizations) in proposed multi-sectoral monitoring process will contribute in strengthening existing democratic spaces.

- ▶ The consensus were built in decision-making bodies, forums and decision makers like elected members, higher level officials at various levels from village to block level before initiation of MSA process that contributed in reaching out to diverse group/stakeholders and engaging them in MSA process. Various active groups like women's self-help group; youth federations as well as retired government staff like teacher, principal, police etc. were identified through corner meetings, discussions with individual and authorized in village council.
- ▶ The involvement of key decision-making bodies and forums like village panchayat and village council or gram sabha helped in increased responsive among service providers. as MSA provided space for asking questions to service providers and also worked as a pressure group who did continuous follow up with service providers.
- ▶ The multi-sectoral conversions contributed in improving interdepartmental coordination among various services providers at local level and also among block level officials from various departments.
- ▶ The existing monitoring or democratic bodies (VHNSC, school management committee,

- ▶ committee of village council members etc.) were defunct where the attempts were made to reactivate and increasing their engagement in MSA process. The reactivation was done by identifying and orientating the existing members as well as active and interested members from each existing democratic committees or bodies were selected and engaged in the MSA process. With this the issues emerged from MSA process were taken and discussed in ongoing MSA activities like public hearing at village and block as well as also addressed and followed up in existing democratic forums like gram sabha, meetings of gram panchayat.
- ▶ Hence, through MSA process strengthened democratic bodies started asking question to service provider; get involved in planning of local funds; increased transparency of service providers by reporting of local funds expenditure and presenting their work in gram sabha, meeting of member of village council.

**Proposition 3-** There should be wider participation of community and need to go beyond committee centric approach, in order to form a pressure group of people.

- ▶ The attempt was made to constitute a pressure group called Village Social Audit Group (VSAG). The group consisted of active individual who have interest, will give



committed time and urge to do something for his/her village and community. As well as the key role of escalating people's organizations and their oversight capacity in order to get higher levels of government to respond.

- ▶ Various methods were used for building capacities of activists and VSAG such as developing reading material in local language, demonstration, practical orientation, study tour, collective planning and decision making among group members. The continuous interaction, contact between activists and VSAG group members; step by step and regular capacity building sessions for VSAGs and activists contributed in increased engagement and ownership of them around MSA process. Specifically, study tour to the southern Indian state of Telangana to study social audit process helped in increasing confidence among activists.
- ▶ It is observed that some organization used MSA in existing activities, and utilized existing networks of active community members in the MSA process.
- ▶ At the same time, the team of activists were continuously engaged with local social audit groups and their engagement was not limited to completing the project activity. These tactics contributed in selecting diverse social sectors i.e. health, nutrition, education, agriculture etc.
- ▶ Whereas some implementing organizations involved with MSA considered it as another project activity and were unable to engage existing ongoing networks at the village level in the MSA process. Hence it led to selection of health and nutrition sector only, difficult to claim it as a multi-sectoral in real sense. As well as the focus of activists was to complete the activity given in the MSA process. This showed limited involvement and ownership of activists as well as community members in MSA process.

**Proposition 4-** Based on learning from the decentralized health planning process, along with monitoring of services, intervening in effective utilization of local resources will contribute in not only resolving the issues emerged from monitoring process but also contribute in building rapport between communities and services providers.

- ▶ As we learnt from CBMP that monitoring and planning must go hand in hand, the emphasis was given on the planning component in MSA process. As a part of data collection the information related to budget expenditure was collected from service providers to understand present status of it. As a strategy, the issues emerged from MSA activities, have been addressed by planning of local funds, it contributed in getting effective utilization of local funds mainly keeping in view community's needs.
- ▶ As due to limited human resources for service delivery and especially monitoring of it, the MSA process contributed in providing real time feedback directly from beneficiaries and community.
- ▶ The problems and obstacles faced by service providers such as lack and delay of funds; non-provision of resources to them by the government despite repeated requests; political interference; problematic orders from higher level officials, were shared in the MSA process. The VSAG had done rigorous follow up with higher level officials for addressing the issues of service providers.

**Proposition 5-** The policy and systemic issues need to be timely addressed with an active and responsive state level body.

- ▶ The existing district level forums established under CBMP process have been utilized and issues were raised at district level in district monitoring and planning committee constituted under CBMP process.

- ▶ However, the state level issues remained unresolved, as the existing forum at state level especially CBMP was defunct as well as the establishment of new state level body/forum was difficult due to lack of collective action at local level.

Hence, the MSA process can be considered as an effective social accountability of public services. It was possible when the interventions are participatory, evidence-based and sustained, involving multiple actors and able to build broad stakeholder

coalitions. However, various aspects such as of power dynamics, leveraging involvement of elected members, ways for establishing productive and supportive collaboration with service providers, these need to be explored which have been surfaced in MSA process. Nevertheless, the MSA process outlined in this report brief can be considered as a potential mechanism for strengthening and expanding social accountability process in Maharashtra and in other parts of India in future.



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## About the Partner Organisations

### Aamhi Aamchya Aarogyasaathi, Kurkheda, Gadchiroli

'Aamhi Aamchya Aarogyasaathi' works in Gadchiroli and various districts of Vidarbha since past three decades. Through women and tribal empowerment, the organization works on various issues such as forest, health, farming, environment and rights of the disabled. AAA is also a part of various national networks.

Since Gadchiroli is a tribal dominated district, AAA prioritizes work on PESA and Forest Rights Act and works towards empowering the local communities to claim their rights and entitlements.

### Manavlok, Ambajogai, Beed

'Manavlok' organization works in Ambajogai since past three decades. It has created a cadre of social activists in almost every village and built their network thus connecting numerous villages in the process. Manavlok has special expertise in acquiring local participation from the people of these villages to address various problems and solving local administrative problems by collaborating with the government as well.

The organization continues its work by focusing on issues related to farming, water, women's rights and health.

### Astitva, Sangola, Solapur

'Astitva' works in Sangola block of Solapur district since the past 15 years. This area being drought-prone, seasonal migration of local migration is high. The organization works on finding alternative solutions to issues regarding employment, water, farming.

The organization also focuses on promoting community collectives of women, adolescents and deprived communities and their training.

### SATHI, Pune

SATHI originated in 1998 as a part of CEHAT and after 2005 started its work as an independent body. SATHI's work is focused upon health rights and public health services strengthening through advocacy. It works in partnership with various civil society organizations by the empowerment of organizations and communities, research, training and developing information, education and communication materials.

As the State Nodal Agency for Community based Monitoring and Planning of health services, SATHI has a collaborative partnership with local partner organizations and provides training, strategic support to them. It also publishes resource material on various issues, policy briefs, training manuals and guidebooks.



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