



# Social Audit and Participatory Planning Process (SAPP) for Rogi Kalyan Samiti (RKS)

*A tool for monitoring and ensuring 'Decentralised planning' in the utilization of RKS committee funds<sup>1</sup> in Maharashtra*





## Background

'Social Audit' as a process is now well known in India, especially in the context of the National Rural Employment Guarantee Act<sup>2</sup>. Today, social audit has provided a platform for ensuring accountability and transparency in the Employment Guarantee scheme. This process provides a space for dialogue between beneficiaries and service providers.

In this process, the data regarding the implementation of the scheme is obtained from the Government, the same is directly verified by meeting the beneficiaries in person, by visiting the institutions and verifying relevant documents and records. The gaps that emerge from the government data and physical verification are raised and addressed through a Public Dialogue between the community/beneficiaries and the service providers.

Today, many State Governments are

implementing the concept of 'Social Audit' in various ways, but mainly with a focus on the National Employment Guarantee Scheme. Although the Government has principally agreed that all public services should be brought under the ambit of Social Audit, presently in India, schemes such as National Food Security scheme, Prime Minister's scheme for housing for rural poor, Pradhan Mantri Gram Sadak Yojana, Swachh Bharat Abhiyaan, all have Social Audit as part of their internal mechanism.

Keeping this background in mind, since last 4 years, the initiative called the Social Audit and Participatory Planning process of RKS is being conceptualized and implemented as a part of Community Based Monitoring and Planning of Health Services under National Health Mission, Maharashtra. Till now, under CBMP process, the SAPP process covered -- PHCs and Rural Hospitals total **165 PHCs** from 17 districts.

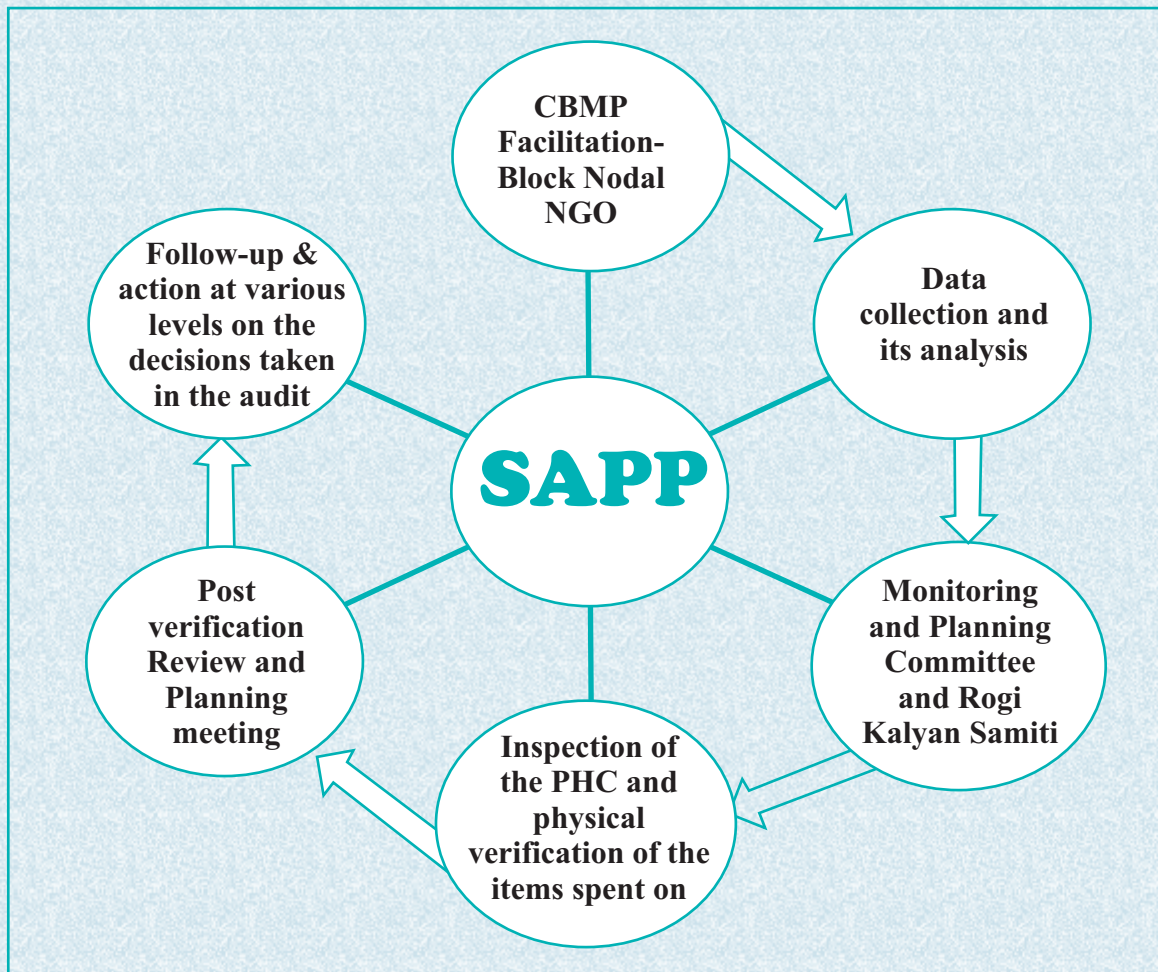
## Objectives of the SAPP Process

- To ensure effective and people's need based planning and utilization of RKS funds.
- To ensure active participation of various stakeholders such as elected members, RKS members, Health providers and Civil Society Organizations in decision making of planning and utilization of RKS funds.
- Identify gaps in the expenditure of RKS funds and also to evaluate functioning of RKS.
- To build the capacity of RKS members about their roles and responsibilities.

1. In 2005, the Government of India began implementing the National Rural Health Mission (NRHM), which provides flexible funds for local health institutions to promote accessible and effective health care for the rural population. As part of NRHM, Health Management Committee known as 'Rogi Kalyan Samiti' have been set up in each public health facility, which is expected to manage annual untied funds for improved functioning of the facility.
2. Mahatma Gandhi NREGA seeks to enhance the livelihood security of the households in rural areas of the country by providing at least 100 days of guaranteed wage employment in every financial year to every household whose adult members volunteer to do unskilled manual work. The unskilled manual work include water conservation and water harvesting; drought proofing (including afforestation and tree plantation); irrigation canals including micro and minor irrigation works; provision of irrigation facility, horticulture plantation, etc.



## Key steps conducted under SAPP



## Some notable District-level positives due to this process

### Vaijapur (Aurangabad)-

In this block, the RKS 2016-17 expenditure was reviewed under SAPP process in **August 2018**. During the SAPP process at the PHC, documents and bills related to previous financial year's RKS funds, annual maintenance funds and untied funds were examined. Printing expenses, various bills related to the PHC, furniture and stationery were found to be the main expenditure heads.

*For Example: At Manoor PHC, Rs. 27,500/- of the RKS funds had been shown to have been*

*spent on purchasing baby kits whereas verification of delivery records showed that a total of only 4 deliveries had taken place at that PHC that year. The RKS committee identified various such discrepancies and reported their findings to district health department and officials. Based on these reports and raised issues during SAPP process, the District Health Officer promptly issued notices to all 6 PHCs and action was taken against them. In another instance, the RKS*



committee had spent Rs. 61,600 of the 2017-18, RKS funds towards the Family Planning Program. But after the intervention and planning by the SAPP Committee, this year the

funds were utilised for pro-patient initiatives such as providing food to inpatients at the PHC and displaying a signboard of the PHC at a more visible location.

## Kolhapur

In Bhudargarh block of Kolhapur, the SAPP process for the RKS funds was conducted in 5 PHCs and further planning for these funds was to be done based on the issues that had emerged out of it. Here, the SAPP committee conducted a physical verification of all those all those items that the PHCs had claimed to have purchased through these funds but the SAPP committee had not found as part of their verification. The committee then held additional meetings for further planning of the funds according to the need of the PHCs and patients. Further meetings were conducted to complete the planning.

For example: at the PHC in Katgaon, many essential laboratory and diagnostic services were not being provided due to some pending, long-standing repair work. The laboratory did not have adequate water supply, new cupboards and shelves to keep instruments and other essential consumables. The staff at the PHC had to face many difficulties as they did not have separate funds to get these repairs done. Due to the SAPP process, the RKS committee, in a participative manner, utilised the RKS funds to get water connection, purchased shelves and cupboards and immediately procured the other needed diagnostic supplies.

## Yawatmal

The participatory social audit process has yielded very good results in Ghatanji block of Yawatmal district. As compared to 2017-18, in the year 2018-19 many irregular expenses from the RKS funds were brought under control.

For example, in Parwa PHC (Ghatanji block), in 2017-18, 36.15% of the funds were spent on xerox and stationery while after social audit, in 2018-19, this reduced to 12.19%. As in 2018-

19, most of the medicines had been made available from the health system, RKS expenses on medicines reduced from 11.12% to 4.51%. After the social audit, health services related expenses reduced from 9.67% in 2017-18 to 3.23% in 2018-19. Most remarkably, the money from the RKS fund being spent on RKS committee meetings was stopped.

Expenditure details	FY 2017-18		FY 2018-19	
	Amount	Percentage	Amount	Percentage
Xeroxing and stationary	56044/-	36.15%	16950/-	12.19%
Medicines purchase	17236/-	11.12%	6275/-	4.51%
Medicines purchase- ASV, ARV and antidote on Scorpio bite	11950/-	7.70%	No expenditure	
Other services	15000/-	9.67%	4500/	3.23%
RKS meeting expenses	3770/-	2.43%	No expenditure	



## Analysis of RKS funds expenditure

The RKS funds expenditure of 56 PHCs of 14 blocks in 8 districts that were part of the Community based monitoring and planning process were analysed.

The main findings were: every PHC is given a total of Rs. 1,63,000/- out of which Rs. 1,00,000/- as RKS fund, Rs. 25,000/- as untied funds and Rs. 38,000/- annual maintenance funds for the upkeep of the PHC. This entire fund is meant to be spent by the PHC towards activities that would directly or indirectly benefit the patients. But, **on analysing the descriptions in bills, it was seen that nearly 61% of the fund was spent towards routine maintenance of the PHC, 14% on indirect patient expenditure and 24.6% on direct patient expenditure.**

### 1. Routine PHC maintenance expenditure-

The major expenditures made were on the cleanliness of interiors of the PHC and its

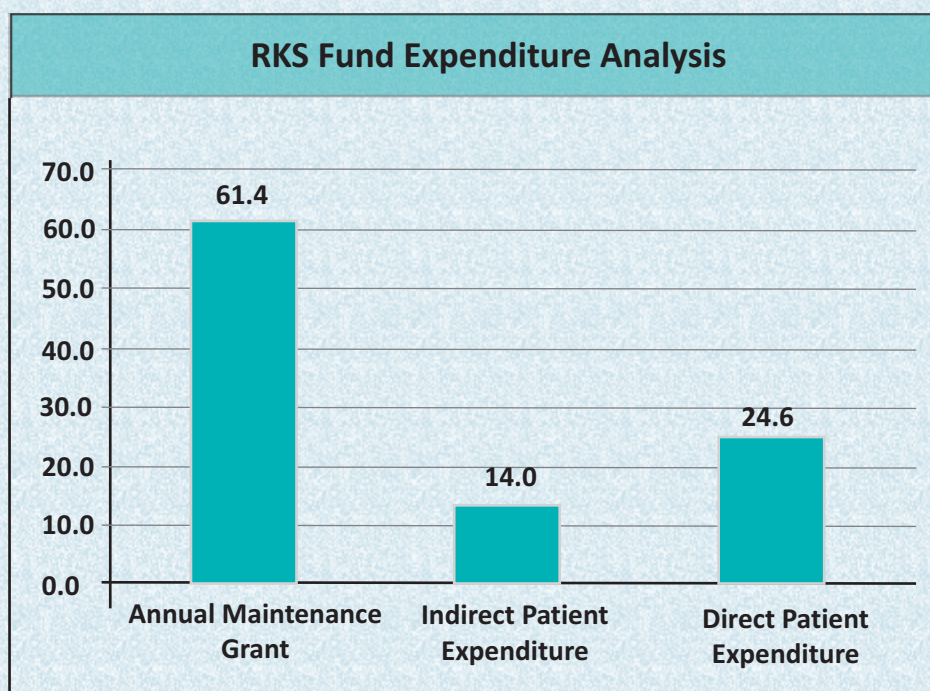
premises, minor infrastructural repairs, biomedical waste management, mobile, internet, electricity bills, honorariums to the driver, watchman, housekeeping staff, computer printer repairs, vehicle repairs, purchasing stationery and case papers, etc.

### 2. Indirect Patient expenditure-

Major expenditures under this category were seen to be made towards cleanliness of the wards, delivery rooms, patient IEC material, registers, case booklets for children and pregnant women, proper seating arrangements for patients, patient information aids, etc.

### 3. Direct patient expenditure-

Expenditures were made towards purchasing drugs for patients, meals and gowns for inpatients, diagnostic tests and lab expenses, referral services, etc.





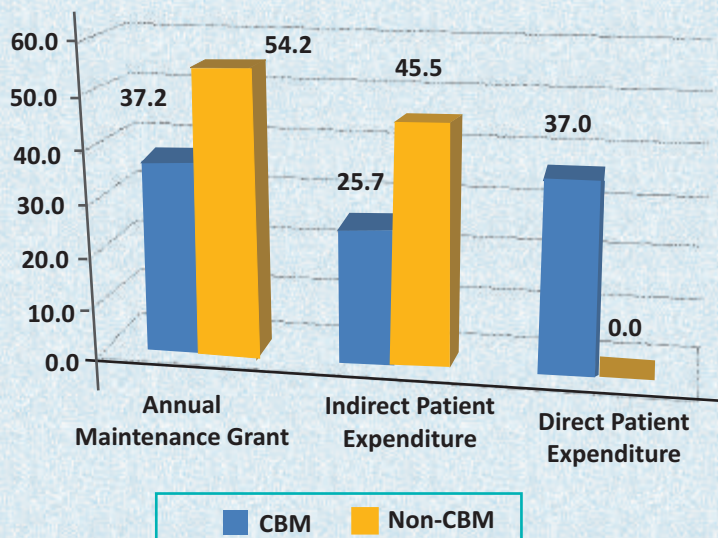
## Comparative analysis –

The data collected from the 8 districts shows that in Vaijapur (dist. Aurangabad) and Bhudargad (dist. Kolhapur) blocks, the SAPP process was also conducted in PHCs that were not part of Community Based Monitoring (CBM) process.

The data was analysed to see whether there were any differences between the trend of RKS expenditures in the PHCs in CBM and those in Non-CBM areas.

### Vaijapur block

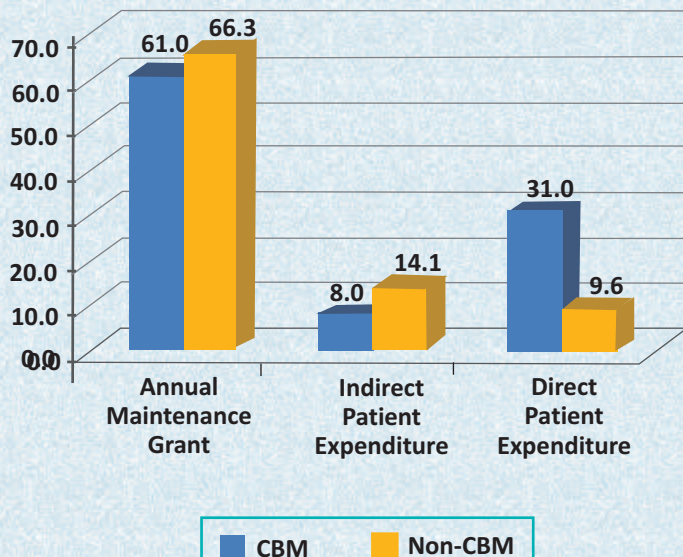
Vaijapur Block RKS Fund Expenditure Analysis



As compared to CBM areas, PHCs in Non-CBM areas of Vaijapur spent more on annual PHC maintenance and indirect patient expenditure. The funds had not been used towards any direct patient expenditures.

### Bhudargarh (Kolhapur)

Bhudargarh Block RKS Fund Expenditure Analysis



In Bhudargarh block, similar to Vaijapur, as compared to CBM PHCs, PHCs in Non-CBM areas spent more on annual PHC maintenance and indirect patient expenditure. PHCs in CBM areas had more direct patient expenditures while those in non-CBM areas spent more towards indirect patient expenses.



## Key learnings

In PHCs under the CBM areas, **the participation and activeness of RKS committee members is increasing.** They do not limit themselves to just reviewing the RKS funds but are also involved in directing and planning of the funds for coming year.

The expenses towards the maintenance of the PHC should actually be drawn from various other funds that are available at the PHC level. Instead, it has been observed that RKS funds are trying to be used for such expenses. For this, **rigorous follow up is essential to ensure timely availability of the required maintenance funds from the health system** so that PHCs would not resort to RKS funds for maintenance expenses. It is also essential to demand that non-salary budgetary funds be made available to the PHC on time.

The RKS committees under CBM areas are increasingly **making efforts to utilise the RKS funds more towards expenditures that would directly benefit patients** (direct patient expenditures).

In 2016-17, 18% of the 24% direct patient expenditure was made on purchasing drugs for patients. **Presently, due to shortage of drug availability, the burden of purchasing drugs is falling on the RKS funds. To improve this situation, efforts need to be made at the State-level to ensure regular and sufficient availability of drugs to all PHCs.**

**External facilitation by Civil society Organizations is crucial, especially for building capacities of RKS members** focusing on empowering them on their role and responsibilities which will contribute in increasing ownership of facility and RKS funds.

## Way forward

It is clearly emerged that social audit process contributes in increasing government accountability, transparency, leads to a corruption-free (reduction in corruption) delivery. It also provides a platform to people for claiming their rights and entitlements. Eventually, the recently declared initiative called Ayushman Bharat programme launched by GoI towards ensuring Comprehensive Primary Health Care (CPHC) services to all Indians.

The guidelines of Ayushman Bharat programme also mentioned that the *institutional frameworks set up for Community Based Monitoring and ensuring social accountability under the National Health Mission would continue to be*

*strengthened to support the process of CPHC implementation. The facility surveys, preparation of score sheets and wide dissemination of the results through public hearings and dialogues will also be applicable for Health and Wellness Centres.*

Hence, keeping this background in mind, the SAPP process needs to be institutionalized and generalized under Ayushman Bharat programme focusing on Health and Wellness Centres under CPHP.

**However, following key health system measures** which would be required to take forward the SAPP with generalized manner-



- **Strengthening and expanding RKS and VHSNCs as community-based health governance mechanisms**, with active involvement of PRI members, civil society organisations, community groups and individuals.
- **Entrusting RKS with oversight of additional finances made available to H&WCs**, and involving RKS and VHSNC members in participatory planning related to H&WCs.
- **Ensuring prompt and effective action by Health officials and functionaries at various levels** in response to issues which are raised by community members and community-based actors, both individually and collectively.
- **Operationalising responsive grievance redressal systems**, by integrating digital communication systems, person-to-person contacts, as well as investigation and problem-solving dialogue processes as appropriate.
- **Appropriate scale of financial resources will need to be built into State PIPs to support facilitation, mentoring and capacity building at all levels – from village to state. It may require 2% of the total HWC related budget.**
- **Institutional partnering between Health system and panchayat members, civil society organisations and community groups** in equitable and collaborative manner, which is essential to promote accountable and effective provision of Health care services.



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