

Innovative strategies for Community Based Monitoring of Health services – Insights from experiences in Maharashtra, India

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Community Based Monitoring (CBM) is a powerful approach for ensuring accountability and people-oriented governance of Public service delivery systems. Since 2007, Community Based Monitoring and Planning (CBMP) of Health services is being implemented in several states of India, including Maharashtra (the second largest state of India) where this process now covers over 800 villages, and has demonstrated significant positive impacts. In this context, we are sharing certain key innovative strategies that have been utilised, along with our insights from these experiences. Such lessons might be useful to civil society organizations working in other countries and contexts, who are implementing community accountability processes.

A. Public Hearing (Jan Sunwai): A tool for ensuring Health rights through mass dialogue

Public hearings or Jan sunwais are one of the most crucial processes in CBMP in Maharashtra, which empower ordinary villagers to ‘speak truth to power’. Public hearings can act as a powerful mechanism to promote responsive, accountable and transparent local governance. In the public hearing, findings from the CBM process and case studies of denial of health care are presented before an expert panel, followed by responses from Health officials, providing an opportunity for people to demand corrective action by health functionaries. So far around 450 Jan sunwais (public hearings) have been organised at various levels as part of the CBMP process in Maharashtra. Key ingredients of an effective public hearing include:

- **Mobilization of people from various communities:** Local organizations mobilize people and active citizen’s groups from the area, whose presence ensures raising of critical issues, and generates pressure for fulfilling popular demands. Traditionally disempowered groups, including women, members of oppressed caste groups and the poor, are actively encouraged to speak, which helps to build momentum and ensure active participation.
- **Involving local elected (Panchayat) representatives:** Panchayat Raj is a system of governance in India based on elected local bodies. Presence of elected Panchayat members in the Jan Sunwais builds political pressure for resolution of issues, and



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helps to ensure inter-departmental coordination among officials who are often resistant to working together.

- ***Inviting relevant public health officials:*** Generally, officials are invited who are one level higher compared to the officials / staff related to whom the main complaints are being made. The level of officials being invited and the type of issues presented in the hearing need to be closely correlated, to ensure that officials are asked to take action on issues that come under their jurisdiction.
- ***Constituting an appropriate panel of judges:*** Prominent experts from various fields like teachers, lawyers, doctors, journalists etc. are invited for the Jan Sunwai to participate as panelists, who mediate the dialogue and give an autonomous opinion or 'judgment', thus contributing to responses by government officials and taking of key decisions.
- ***Seeking media attention for the event:*** Media plays a vital role in disseminating the findings, hence it is important to contact the mass media in advance and ensure coverage for the decisions and process.
- ***Persistent follow-up to ensure action:*** A follow up meeting is usually planned with public officials soon after the hearing, where activists discuss the detailed recommendations and plan of action emerging from the hearing, to improve specific health services. This ensures implementation of the key recommendations.

The Jan Sunwai (public hearing) process is an illustration of how popular actions from outside the system (external accountability) can activate senior officials to take action related to subordinates (internal accountability).

Some key insights regarding public hearings-

- These are *popular forums for prompt justice*, which are more direct and accessible than the current formal justice system. Public hearings *tilt the traditional power balance in favour of people*, since ordinary people begin to ask the questions, while those in power are required to respond.
- Public hearings can provide a *mediation mechanism between programmatic designs and local level implementation*. For example, the posts of health workers are vacant in many areas; in such situations, the demand is not just for proper work by existing staff, but also for appointing additional staff in keeping with the enlarged requirements.
- The public hearing ensures that *diverse stakeholders with somewhat differing interests* – community members, public health officials, civil society organisations, local elected representatives, mediapersons - *come together and form a temporary alliance for a common goal*, the improvement of public health services.
- Public hearings act as relatively equitable *platforms for dialogue between users and providers leading to problem solving*, which has reduced the gap between

administration and local people, leading to redressal of many genuine grievances. Jan Sunwai (Public hearing) has evolved into Jan Samvad (Public dialogue) in many areas of Maharashtra, moving the discourse towards affirmative action beyond fault finding.

B. Use of mobile phone for text messages (SMS) to conduct CBM surveys

To conduct surveys on issues related to large number of health facilities across the state in a rapid manner, a simple technique is being used to analyse community based feedback - SMS (text messages) sent by ordinary mobile phones. These SMSs sent by CBMP activists from across the state are analysed using a simple software, which helps to bring out reports of large state levels surveys within just a couple of days. It was observed that while data collection and analysis is important, such surveys based on filling and compiling written questionnaires are time consuming and require substantial resources. Hence the idea of SMS based surveys originated, and this tool is now being used on a regular basis.



Process of data collection through SMS based surveys-

- ***Capacity building of activists to be involved***– Involved activists are oriented through actual demonstrations regarding data coding, using mobile phones for sending data in standard format, possible mistakes while typing messages, and solutions to common problems.
- ***Identification of issue and preparation of short checklist for data collection***– In each round, health service issues are identified which are important for ordinary people, easy to quantify, and where it is feasible to collect objective data without major training. Based on each issue, a short checklist is developed at state level which is disseminated to CBM implementing civil society organizations.
- ***Time bound data collection during defined period*** - The time period (say a range of specific dates) for data collection is communicated to the activists involved in data collection. Each activist collects the information based on the checklist, codes the responses, and sends one or two coded messages to a given mobile number. Most of the answers are in the form of fixed choices (like yes / no) or numerical values.
- ***Data collation, analysis and preparation of report***– All messages are analysed based on software which converts the entire information into spreadsheets. This analysis is often complemented by telephonic interviews of community based activists and providers to get some qualitative aspects, following which the report is prepared and widely disseminated to civil society organizations, members of CBMP multi-stakeholder committees, media and concerned various level health officials. Now ***standard voice messages*** are being

used to disseminate key findings to different stakeholders involved in the CBMP process.

Based on the SMS survey system, four surveys have been conducted so far in Maharashtra on the following issues –

1. Checking *availability of ten essential medicines* in 36 PHCs across 12 districts of Maharashtra.
2. *Patient feedback on quality of services available at Rural hospitals* by interviewing patients in 24 Rural hospitals/sub-district hospitals in 13 districts.
3. Confirming actual *round the clock availability of doctors and nurses* in 24 x 7 PHCs in 25 PHCs across 12 districts.
4. Assessing the *status of Laboratory services* in 123 PHCs across 13 districts of Maharashtra

Overall this is a simple and rapid method of data collection, which is easy to generalize and can be managed with low resources. However basic orientation of each activist involved in the data collection, computer software, and analytical skills at state level are necessary. Such surveys can provide evidence for advocacy and the media can be given key findings in rapid manner on a regular basis.

C. Implementation of 'lower intensity CBM processes on voluntary basis'- an approach for generalization of community accountability processes

Presently around 25 CSOs are involved in implementing CBMP in 13 districts of Maharashtra, working in an intensive project mode which has been important to demonstrate the feasibility of this process. However community accountability and participation is a core principle which now needs to be expanded in a somewhat less intensive manner, moving beyond the project mode, in many more areas. Based on such considerations, the following innovative process was carried out since January 2014-

- **State wide public process for identifying new civil society organizations interested in implementing CBM -**

An advertisement was published across Maharashtra in a leading daily newspaper, inviting organisations interested in taking up Community based monitoring on a voluntary basis to apply. Despite a short deadline, 121 applications were received, which were screened based on defined criteria, especially experience of conducting accountability oriented activities. Thus 34 new organisations were short-listed and four regional workshops were conducted to orient these organisations.

- **Capacity building process of civil society organizations for implementation CBM process on voluntary basis-**

Five persons with experience of rights-based work in health sector were selected from different geographical regions, to work as Regional Resource Persons (RRPs). They were involved in facilitating regional workshops and visited each of the identified CSOs in their respective areas, guiding them to take up CBMP activities in a voluntary manner. Various kind of communication material such as posters, presentations and tools for data were provided to these CSOs and each of

- them were enabled to develop CBM processes in at least 15 villages and three PHCs in a block.
- **Implementation of CBM process on voluntary basis by newly involved CSOs-** Regional resource persons and the CBMP state nodal organisation have interacted with these newly involved organisations, enabling them to conduct a range of community accountability processes within short period and with modest resources, including:
 1. **Health rights awareness activities** such as campaigns to promote Community based monitoring, publicizing health care entitlements.
 2. **Community based data collection** through group discussions in villages and interviews of health service users, using a concise tool made for this voluntary exercise, covering basic services in the PHC.
 3. **Organising accountability events such as Public hearings.** These organisations have prepared community report cards which are displayed in form of large coloured posters which are presented in Public hearings organized at block level. During the last six months, 14 such public hearings have been organised in new areas spread across eight districts of the state, opening the way for wider generalisation of such accountability processes.



*In a recent public hearing, one of the panelists was a local newspaper reporter, who published a news item the next day with the heading - "The PHCs are dirty, and the cleaning staff does not heed orders by officials." The medical officer shared the published news with the staff responsible, which initiated change. Immediately, responsibilities were assigned and within three days both PHCs were thoroughly cleaned up, a change which has been sustained. Within a few months, an organisation which was completely new to accountability processes, worked voluntarily and received ample support from the community, leading to concrete change in health services. This is one more example of what it means when we say, '**people can reclaim public services**'.*