Community Monitoring for Accountability

In

People Centred Health Systems

Satellite Session : 31st October 2012
2nd Global Symposium for Health Systems Research,
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Understanding the Key Concepts

- Who does the Health Systems Serve?
- How do intended beneficiaries/ people/ citizens participate or contribute meaningfully?
- How does the system open up to participation and systematic feedback?

Unpacking the Maternal Health programme in India

Maternal Health related Health System Reform In India

- The Recipe -
  - Universalising Institutional Delivery
  - JSY cash incentives for institutional delivery
  - Introduction of Community Level Volunteer (ASHA) and Performance based incentives to promote institutional delivery
  - Improve facilities in Institutions– 24*7, EmOC
  - Quality assured services (Indian Public Health Standards and Concrete Service Guarantees)

- The Reality -
  - Withdrawal of all support for Home deliveries
  - Delegitimizing of the Traditional Birth Attendant
  - Exclusive focus on Deliveries – ignoring ANC, PNC

Global endorsement as a 'Promising Practice'

What do we know has changed

- Numbers of Institutional Delivery is increasing exponentially (from 25% to 72% in 5 years - Wow!)
- JSY (Conditional Cash Transfer) benefits are being provided to millions of women (over a third of 27 mil. deliveries covered and nearly 400 USD disbursed annually !!!)

What do we don't know or don't care?

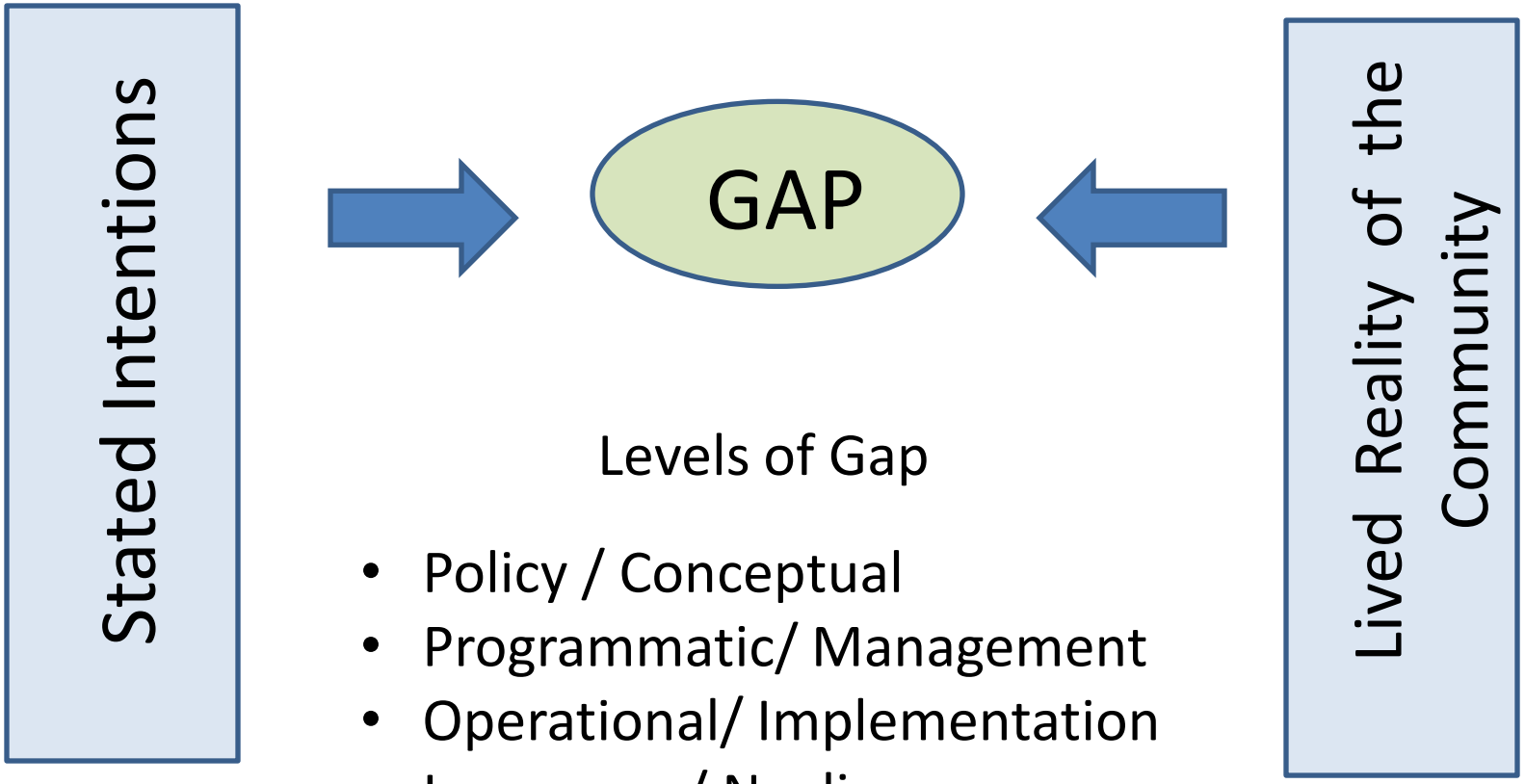
Whether **the poorest and the most vulnerable women** are receiving

- Appropriate life-saving services?
- Respectful services?
- Free services?

Lived Reality of Poor People

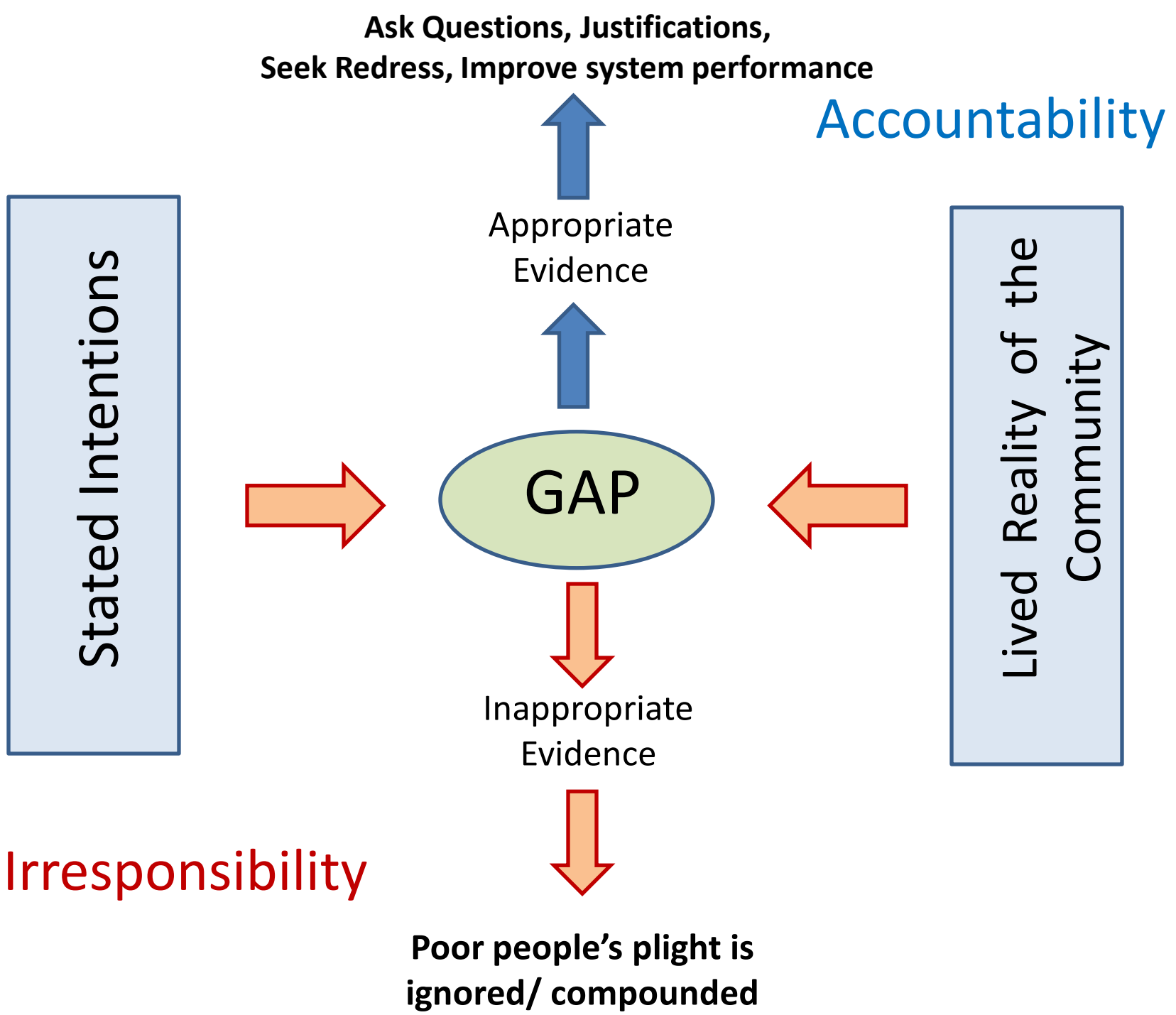
- Despite national policy and programmatic guidelines practice at the periphery is inconsistent
- All the necessary services are not accessible to all population groups – due to the lack of necessary documentation, cost of care, distances, provider attitudes etc.
- Not all communities are equally informed about the need for various preventive and promotive services
- Quality of services is poor for marginalised communities - in some cases there may be denial of services or poor outcomes
- In many cases the policy prescriptions are inappropriate for the local context and there are no mechanisms to capture these

Identifying the Gap



Levels of Gap

- Policy / Conceptual
- Programmatic/ Management
- Operational/ Implementation
- Ignorance / Negligence


Ask Questions, Justifications,
Seek Redress, Improve system performance
Accountability
Appropriate
Evidence
Stated Intentions
GAP
Lived Reality of the Community
Inappropriate
Evidence
Irresponsibility
Poor people's plight is
ignored/ compounded

Community Monitoring : A Model of Citizenship, Evidence and Accountability

- Citizenship - Mobilisation and Voice
- Compact - Clear Government articulation of the rights and incorporation into processes, policies and programmes
- Evidence – Systematic review of lived reality and the gaps
- Negotiated Remedies - Plans of action eg. non-repitition, greivance redressal, compensation

Community Monitoring : A bottom-up, complementary approach to HS strengthening

- Allows meaningful Participation - puts the 'Beneficiary as Citizen' at the centre of concern - Core component of UHC
- Addresses the power and information asymmetries inherent in health systems – generates trust between provider and patient
- Based on systematic collection and review of evidence, user-feedback and dialogue
- Improves Quality and Compliance and Utilisation of services
- Improves Sustainability and strengthens Governance

Thank you