

# Understanding the Community Perspective through a Social Audit - National Health Mission, Uttarakhand



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## National Health Mission, Uttarakhand and Uttarakhand Social Audit Accountability Transparency Agency

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## ***Social Audit Unit: Mandate and Rationale for the Study***

Globally, social audit is recognized as a powerful tool for social transformation, community participation and government accountability.

The National Health Mission (NHM) through its accountability framework envisioned a mechanism to monitor health services at the community level through its Community Action for Health (CAH) processes. The findings from these processes were then integrated in the local planning processes through the Village Health, Sanitation and Nutrition Committees (VHSNCs) and the Mahila Arogya Samitis (MASs).

To complement ongoing social audit processes, the National Health Mission (NHM) Uttarakhand planned for undertaking a rapid audit of all the schemes being executed under it in the State. The basic motive behind it was that, the people have a right to know about the schemes being rolled out by the Government, a fact that would help in monitoring the actual implementation of the scheme. The services of the Uttarakhand Social Audit Accountability and Transparency Agency (USAATA) were taken for the social audit of the NHM. USAATA is an independent society set up by the Uttarakhand Government as per Audit of Scheme Rules, 2011 (As per order of Union Government and Hon'ble Supreme Court) to conduct social audits in the State. It is also the designated agency for this exercise in the Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) and in the Mid-Day Meal (MDM) schemes.

Social Audit covers issues of equity and quality in programme implementation and is an exercise that involves the participation of both governments and the people in monitoring a scheme or project. It may be noted that this is the first time that a social audit has been jointly undertaken by USAATA and the NHM marking a collaboration between the Department of Rural Development (USAATA) under the Ministry of Rural Development (MoRD) and the Department of Health and Family Welfare (NHM) under the Ministry of Health and Family Welfare (MoHFW).

The Social Audit exercise of the NHM also sought to re-examine and determine the strength of the findings from the Common Review Mission (CRM) team that found high levels of out-of-pocket expenditure for availing institutional services related to Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), as well as deliveries. The idea of undertaking the social audit was also an effort to develop an institutional mechanism, which could take on an audit of specific services, such as

***Objective of the study:*** This audit has aimed to understand the gaps between health needs and the services that are being provided by the government health facilities. It has also sought to ascertain whether these are aligned with the NHM entitlements and state guidelines. Overall, the audit sought to:

- To assess gap between the perceived community needs and the actual service delivery with regard to maternal and child Health Services
- To identify reasons for high out of pocket expenditures
- To evaluate availability of health services like free drugs and free drop backs at selected health facilities and communities
- To make recommendations for improving the service delivery at different tiers of the health facilities, based on the identified gaps
- To create awareness regarding health services in community.

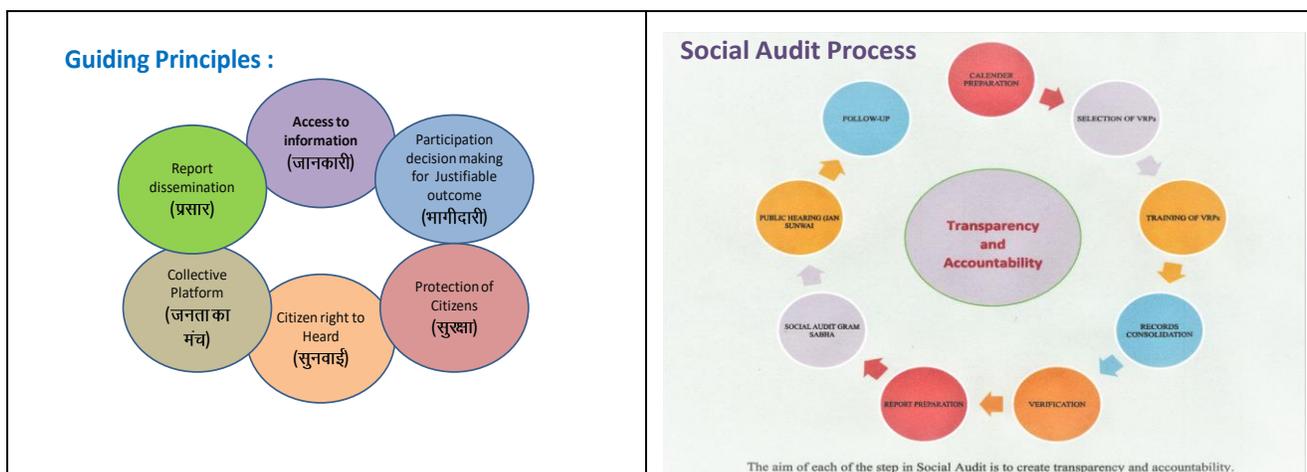
the reach of the Khushiyon Ki Sawari scheme, the availability of free drugs through the government health system in addition to the ongoing community monitoring supported through community processes.

## Process

A detailed technical discussion was conducted at state level to update the data collection tool in context of Uttarakhand state along with all the concerned program divisions. A combined orientation and capacity building was conducted for NHM staff and USAATA team members.

Facilities visited during field visit	
Facility	Place
District Hospital	Uttarkashi District
Women Hospital	Uttarkashi District
Primary Health Centre (PHC)	Dunda and Bhatwadi Block
Community Health Centre (CHC)	Chinyalisaur

It was essential to conduct routinely systematic audit of NHM services. So, along with the routine community and facility based monitoring under CAH program, state also incorporated social audit of services provided under NHM through USAATA in their routine audit services by making co-ordination mechanism between both the agencies.



## Audit Standards followed at the field

- 1) Raising awareness and sharing information about health entitlements
  - 2) Personal interview of women, who have availed maternity services and with their family members to understand about their experiences and challenges (based on set of questionnaire),
  - 3) Discussion with respective doctors, who have provided the services
  - 4) Verification of documents vis-à-vis the services that have been availed from outside health facilities
  - 5) Public hearing at Gram Sabha level and block level to discuss on grievances and probable solutions.
- As part of the mandated practice, the process was completed in a week time with a Jan Samwaad at the last day of the audit process.

## Methodology

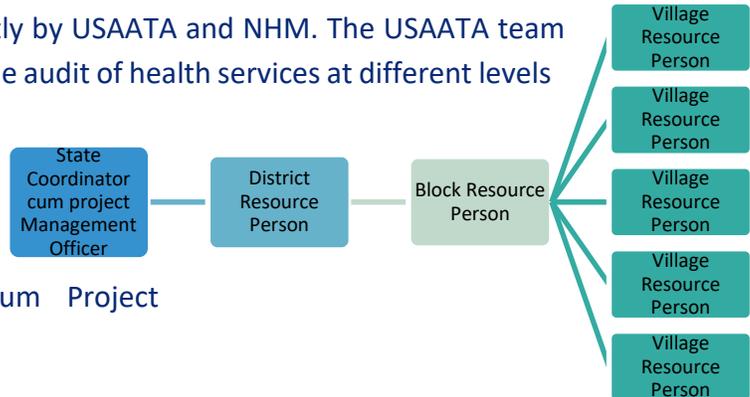
USAATA team has adopted;

- 1) One to One interaction with beneficiaries and service providers,

- 2) Focus group discussion with community to understand the larger issues that are being faced by the community during the visit to health facility,
- 3) Observation and prescription review, and review of the records available at facility and at the beneficiary level.

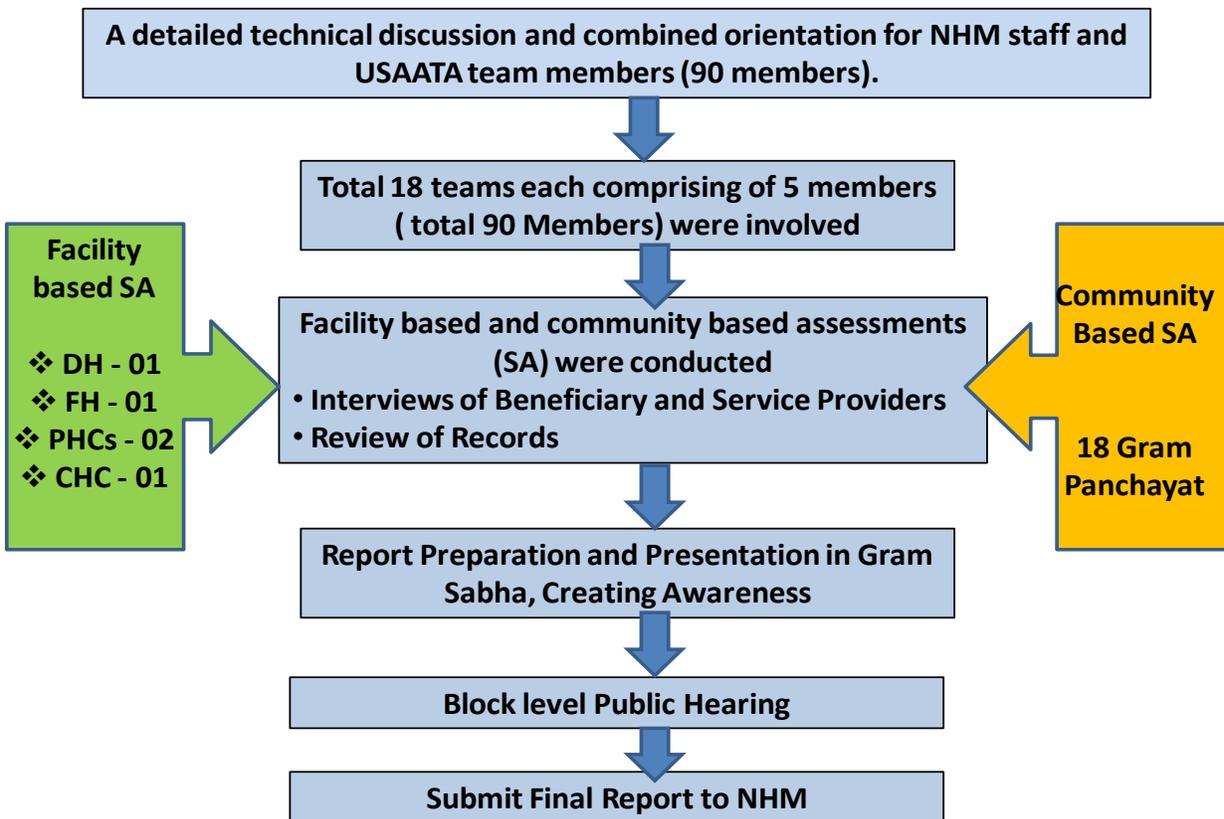
**Structure**

As this was the first audit undertaken jointly by USAATA and NHM. The USAATA team used its MNGREGA field staffs to support the audit of health services at different levels and tiers. The team comprised of a district resource person and five Village resource persons to support the village interactions. The team operates under the guidance of State Coordinator cum Project Management.



**Modus Operandi**

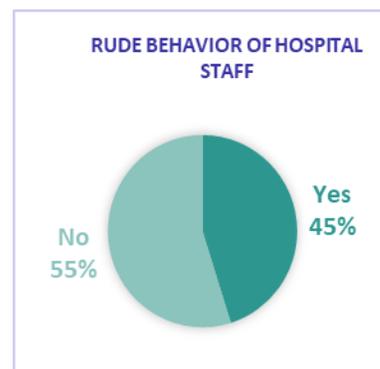
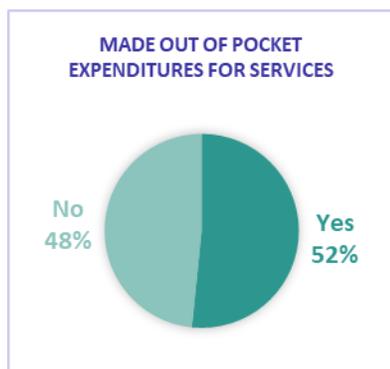
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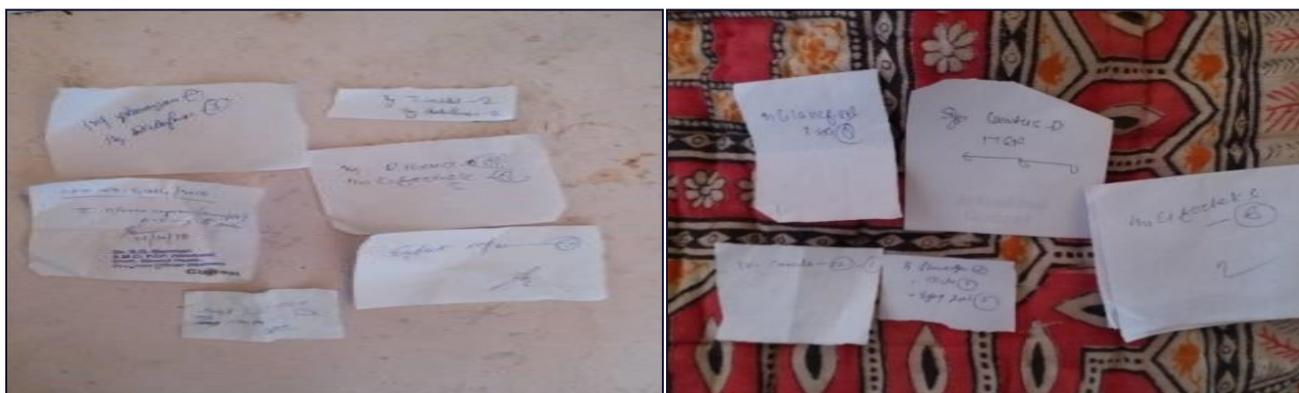
## Key findings

Outpatient and Inpatient interview were conducted to find out perspective of beneficiaries availing health services.

The key observation in the health facilities (District Hospital, CHC, PHC etc.)



- Out of pocket expenditure (OOPE) for health services especially for caesarian cases, payments under JSY and JSSK, patient to buy medical equipment/medicines from private medical stores
- High out of pocket expenditure for JSSK and JSY services. Ranging from Rs. 1500 to Rs. 8000.
- 52% patients responded that they made expenditures on services which must be provided to them free of cost. However 48 % said that they were provided all the services free of cost and no OOPE was reported by them.
- Complaints of unavailability of Ambulance services (Khusiyon ki Sawari) at District hospital and CHC Chinyalisaur was reported.
- Complaints of medicine prescription on blank papers for procuring medicine from outside health facility was reported by patients



- 45% patients reported about rude behavior of Medical/Paramedical staff. However 55 % said that behavior of Medical/Paramedical staff was good or satisfactory to them.
- 26% patients reported about dirty bed linens/ Toilets
- General cleanliness, sanitation and hygiene were found to be suboptimal in DH Uttarakashi.
- Bed Linens are not being change regularly and toilets are being used as store rooms



### ***Qualitative findings***

- lack of awareness about JSY & JSSK and other schemes of health department in community
- citizen chart was not updated in DH Uttarkashi
- In CHC Chinyalisour a single staff nurse was available and the facility of blood bank, Ultrasound, 108, Surgeon and other important facilities were not available
- In the DH digital X Ray machine was not working from 1 month
- In DH there is only one radiologist who is on leave for a long period. So patients requiring USG have to unavoidably go to pvt USG centre, costing them a lot
- Low awareness among ASHAs related to VHSNCs and its operationalization

### ***Follow up action points***

- The state issued a directive to the district of Uttarakashi, to ensure that all the issues that have been identified through this USAATA-NHM process of social audit, are redressed.
- All the citizen charters and the essential drugs list to be maintained and updated, on a regular basis.
- A directive to be issued by Chief Medical Officer to all staffs (At all tiers in the districts) for ensuring good behavior with the patients and for disciplinary action against any violations.
- Service providers at the health facilities to ensure no Out of Pocket Expenditure (OOPE) for free schemes under NHM and any violation will be punishable.
- The District Magistrate who chairs the Rogi Kalyan Samitis (RKSs), The chief medical officer or the RKS monitoring committee should visit these facilities regularly and engage with patients (IPD or OPD) in order to:
  - Ensure that the patients are getting free medicines from the health facilities and no drugs are being prescribed from outside.
  - Ensure that important staff, specialist doctors, lab technicians and blood bank staff are allowed to leave only when a back-up is available in order to avoid any breaches in service provision.
  - The district Chief Medical Officer should visit the facilities on a random basis to ensure that the standards of hygiene are being maintained and that the clean linen, bed sheets and toilets are being provided to the patients.

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- Monthly review meeting platform under chairmanship of District Magistrate (DM) or district Chief Medical Officer to ensure that the service providers are regularly sensitized.
  - The ASHA workers and ASHA facilitators should regularly trained and sensitized regarding roles and responsibilities of VHSNCs and about their other activities during the monthly review meeting
  - The state should take a stock of all the issues and gaps that has been redressed after a period of two months as well as ensure that these do not happen in any of the other districts.

### ***Opportunity / Benefits***

- The Social audit through USAATA will synergies and strengthen accountability and community monitoring component of NHM
- Complete external third party evaluation of NHM activity.
- Inbuilt structural and standard mechanism for auditing, used for auditing other important activities like MGNREGA and MDM.
- Will help convergence with audit of other government schemes and departments.
- It is a sustainable model.
- It will empower citizens and create awareness about NHM schemes leading to requisite demand generation.

### ***Scaling up plan***

The State has already undertaken the first step towards improving the indicators of health services by determining what the facts on the ground are through USAATA. The State, through its annual PIP process, has planned to scale up its social audit work in an additional 30 blocks to understand the quality, availability and reach of services.

### ***Acknowledgments***

The National Health Mission of Uttarakhand and its community process team extend their appreciation to the Uttarakhand Social Audit Accountability and Transparency Agency (USAATA) for undertaking the prescription audit at Uttarakashi district. They also take this opportunity to thank the Advisory Group on Community Action (AGCA) Secretariat in New Delhi for their technical support in consolidating and finalizing the report.