Community Monitoring for Accountability

In People Centred Health Systems

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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
Stated Intentions

Lived Reality of the Community

Inappropriate Evidence

GAP

Appropriate Evidence

Ask Questions, Justifications, Seek Redress, Improve system performance

Accountability

Irresponsibility

Poor people’s plight is ignored/ compounded

Lived Reality of the Community

Stated Intentions
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-repetition, grievance 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